



# NEW PROFESSIONAL REGISTRATION SYSTEM (PRS)

## MANUAL FOR HUMAN RESOURCE OFFICERS

VERSION 2.0

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## **INTRODUCTION**

The Allied Health Professions Council (AHPC) has put together this Professional Registration System (PRS) manual for human resource officers to facilitate organisations' online applications in matters related to allied health registration.

As an employing institution, if you wish to employ allied health professionals only eligible for Conditional or Temporary registration with the AHPC, you must comply with the prevailing requirements set out in AHPC's Supervised Practice Guidelines.

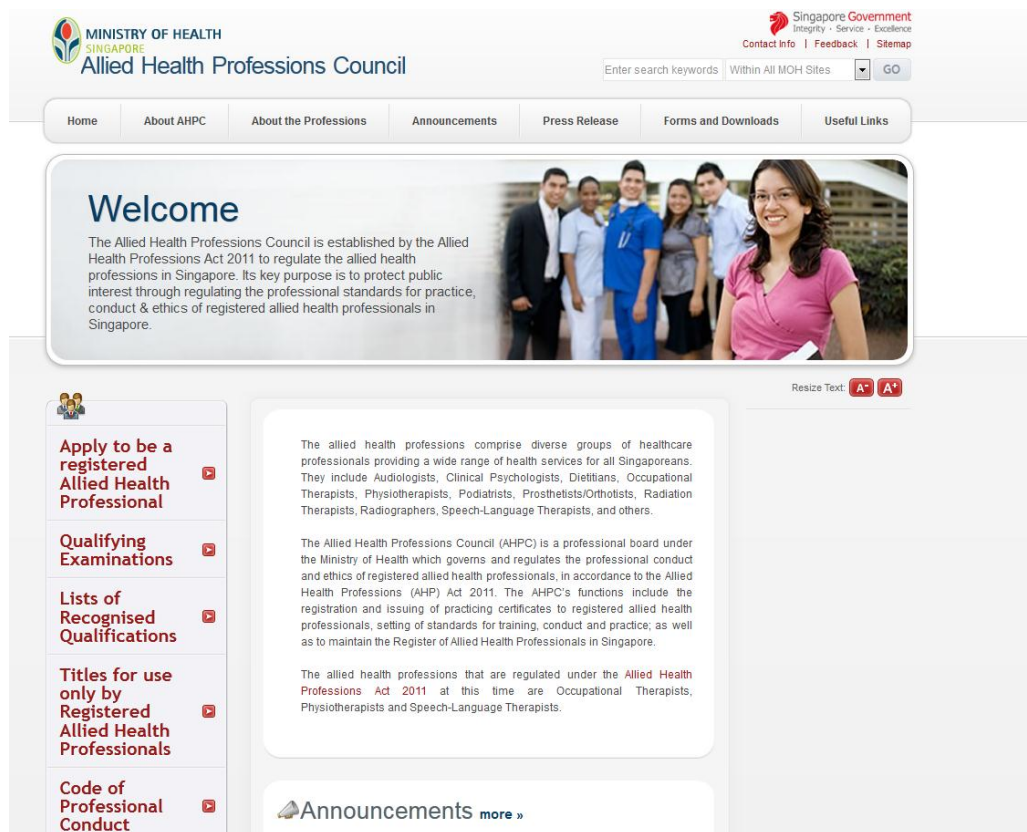
If your organisation has not completed the Readiness Review of your supervision systems and structures with the AHPC at the time of employment of such therapists, you will have to do so. If you have already completed the Readiness Review with the Council, you will need to demonstrate that shortfalls identified (if any) during the review are rectified at the time of employment of such therapists.

The PRS may be accessed via the AHPC website ([www.ahpc.gov.sg](http://www.ahpc.gov.sg)).

We hope that you will find this manual useful. You may also write in to us at [enquiries@ahpc.gov.sg](mailto:enquiries@ahpc.gov.sg) if you have further questions.

# 1. ACCESSING THE PRS

- 1.1 To access the new PRS, please go to the AHPC's website at <http://www.ahpc.gov.sg/>. Scroll down the page on the left column and you will locate the tab labelled, "Login for Allied Health Professionals and Providers". Clicking on this button will bring you to the login screen.

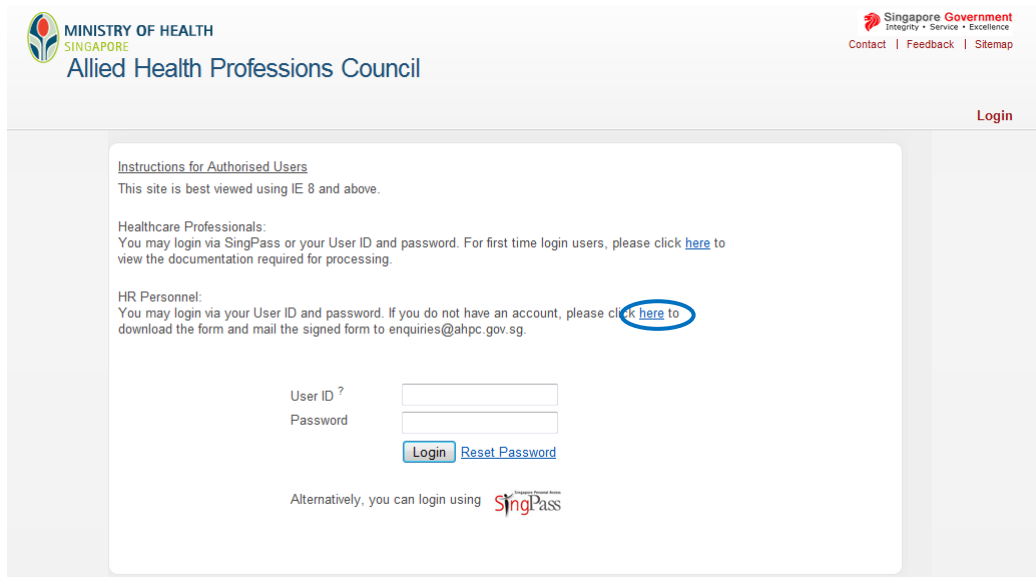


## 2. HOW TO OBTAIN AN ADMINISTRATOR (HR) USER ACCOUNT

In order to access the administrative functions of the AHPC PRS, you will first need to submit an application form for an Administrator (HR) User Account. This form may be downloaded from the AHPC PRS login page and from the “Forms & Downloads” page on AHPC’s website.

### 2.1 AHPC PRS LOGIN PAGE

2.1.1 To download the form from the AHPC PRS login page, click on the “here” hyperlink.



The screenshot shows the AHPC PRS Login Page. At the top left is the logo for the Ministry of Health Singapore Allied Health Professions Council. At the top right is the Singapore Government logo with links for Contact, Feedback, and Sitemap. A 'Login' link is also present in the top right corner. The main content area is titled 'Instructions for Authorised Users' and includes a note about browser compatibility (IE 8 and above). It provides instructions for Healthcare Professionals and HR Personnel. For HR Personnel, it states that if they do not have an account, they should click a 'here' hyperlink (circled in blue) to download the form and mail it to enquiries@ahpc.gov.sg. Below the instructions are input fields for 'User ID ?' and 'Password', followed by 'Login' and 'Reset Password' buttons. At the bottom, it mentions an alternative login method using SingPass.

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Allied Health Professions Council

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**Login**

Instructions for Authorised Users  
This site is best viewed using IE 8 and above.

**Healthcare Professionals:**  
You may login via SingPass or your User ID and password. For first time login users, please click [here](#) to view the documentation required for processing.

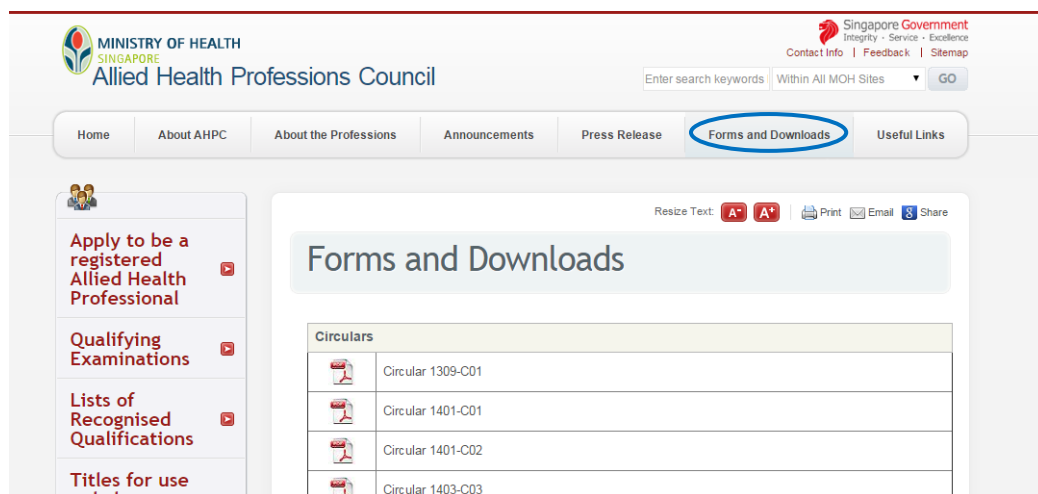
**HR Personnel:**  
You may login via your User ID and password. If you do not have an account, please click [here](#) to download the form and mail the signed form to enquiries@ahpc.gov.sg.

User ID ?   
Password   
[Login](#) [Reset Password](#)

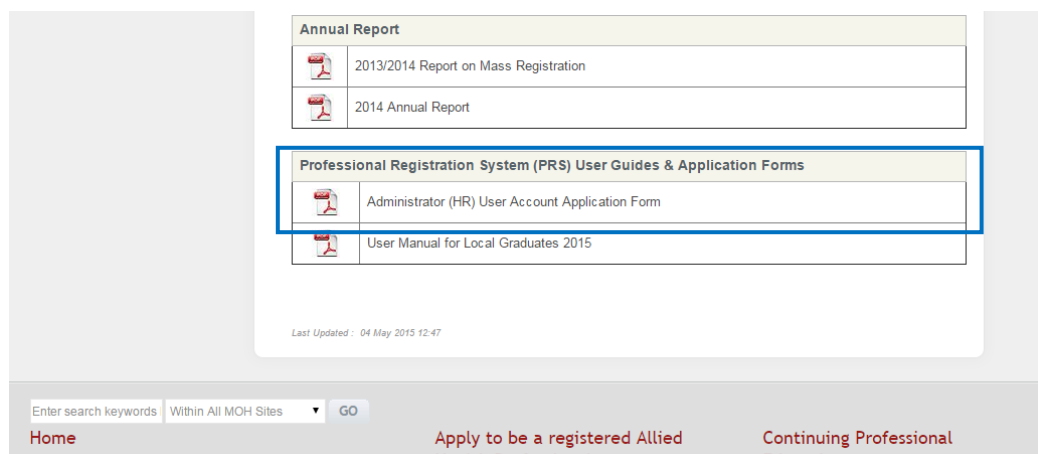
Alternatively, you can login using 

## 2.2 AHPC'S FORMS & DOWNLOADS PAGE

2.2.1 Go to the "Forms & Downloads" page on AHPC's website ([www.ahpc.gov.sg](http://www.ahpc.gov.sg)).



2.2.2 Scroll to the bottom of the page and locate the table labelled, "PRS User Guides & Application Forms". Click on the PDF icon for "Administrator (HR) User Account Application Form" to download the form.



## 2.3

Please fill in the form and submit it via e-mail to [admin@ahpc.gov.sg](mailto:admin@ahpc.gov.sg). You will receive the notification e-mail below upon receipt of your application. Please note the following:

- Your user ID and password must be kept confidential
- All users of the same institution will be able to view each others applications
- You are required to inform the AHPC if you do not have the need to log into the PRS or if you have changed your contact details.

The standard processing time for the issue of an Administrator (HR) User Account is 7 working days and you will be informed of the outcome via e-mail.

Subject:	Creation of HR account
----------	------------------------

Hi there,

Thank you for sending in your application for the creation of a human resource user account.

The application is currently being processed and you should be receiving your login and password soon.

Prior to this, we would like to highlight the following:

1. Your account number and password should be kept confidential as it represents the organisation or society that you have applied on behalf of.
2. All users of same institution will be able to view each other's applications.
3. You are required to inform AHPC if you do not have the need to log into the system (i.e. job change) or if you have changed your contact details.

Please check our website regularly for more updates.

Thank you.

Secretariat for Allied Health Professions Council  
Visit us at <http://www.ahpc.gov.sg>  
Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately.



### 3. MAINTAINING YOUR ACCOUNT

- 3.1 Please note that the validity of your account is 90 days from your last successful login with your user ID. Your account will be suspended after 90 days of inactivity.

If you forgot the password to your account, please refer to the FAQ section of this guide.

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[Login](#)

Instructions for Authorised Users  
This site is best viewed using IE 8 and above.

**Healthcare Professionals:**  
You may login via SingPass or your User ID and password. For first time login users, please click [here](#) to view the documentation required for processing.

**HR Personnel:**  
You may login via your User ID and password. If you do not have an account, please click [here](#) to download the form and mail the signed form to [enquiries@ahpc.gov.sg](mailto:enquiries@ahpc.gov.sg).

User ID ?   
Password   
[Login](#) [Reset Password](#)

Alternatively, you can login using

## 4. LOGGING INTO THE PRS

- 4.1 You will be provided with your user ID and password via an email notification. Please key in your user ID and password and click on the “Login” button.

If you are logging in for the first time, you will be asked to change your password. Refer to guideline 5 on how to change your password.

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Login

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HR Personnel:  
You may login via your User ID and password. If you do not have an account, please click [here](#) to download the form and mail the signed form to [enquiries@ahpc.gov.sg](mailto:enquiries@ahpc.gov.sg).

User ID ?  
Password

Login Reset Password

Alternatively, you can login using SingPass

- 4.2 Upon logging into the PRS, you will see the following page. As more functionalities become available, they will be reflected on the column shown on the left of the page. At this time, HR are able to:

- Submit applications for registration for potential employees
- Submit applications for registered allied health professionals for extension of conditional registration and conversion from conditional registration to full or restricted registration.

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Welcome LEOW SHI WEN (Last successful login: 25/02/2015 02:06:36 PM)

Change Password | Logout

Welcome to PRS

Application

- » Enquire Applications
- » Registration
- » No Pay Leave

Supervisory

- » Pending Assessment Reports
- » Check Submission Status
- » View Supervisory Assignment
- » Pending Peer Reviews

## 5. CHANGING YOUR PASSWORD

- 5.1 You will need to **key in your user ID and the password assigned to you** by the system, **followed by your chosen new password**.

Please note that this **new password should be alpha numeric**. We strongly advise for you to keep a record of your password once changed.

Click on the “Submit” button to complete this process.

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Login

**Change Password**

Note: All fields marked with astersk (\*) are mandatory.

\*User ID XA000182

\*Old Password

\*New Password

\*Confirm New Password

☐ Update Security Question

\*Date of Birth (dd/mm/yyyy)

Submit

- 5.2 If you wish to change your password subsequently, you may access this option after you log in by clicking on “Change Password” on the upper right of the screen.

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Welcome LEOW SHI WEN (Last successful login: 25/02/2015 02:06:36 PM)

**Change Password** | Logout

**Welcome to PRS**

Application

- » Enquire Applications
- » Registration
- » No Pay Leave

Supervisory

- » Pending Assessment Reports
- » Check Submission Status
- » View Supervisory Assignment
- » Pending Peer Reviews

## **6. BEFORE SUBMITTING APPLICATIONS FOR REGISTRATION FOR NEW APPLICANTS**

**Important:** The PRS allows for Administrator (HR) user accounts to submit applications for registration on the applicant's behalf. However, the AHPC strongly recommends that applicants submit their own applications with the necessary payment to facilitate the processing of their application. Individual submission will allow the AHPC to communicate directly with the applicant if any queries are raised. Also, please note that the system only accepts eNETS and credit card payments. Employing institutions could reimburse their potential employees once they have completed the registration process.

In order to facilitate the submission of your applicant's application for registration to the AHPC, please prepare all the following supporting documents. You should have a soft copy of these documents saved at a known location on your computer. Files must be in JPEG or PDF format and should not exceed 1 MB each. Please ensure that file names are clear and specific (i.e. "NRIC", "Passport photo", "Employment Offer" and "SF2" instead of "Document 1", "AHPC 1" etc.).

The list of mandatory documents is as follows:

- a) Copy of NRIC (front and back) or Passport or Work Permit or Employment Pass.
- b) A passport photo of the applicant taken against a white background within the last 6 months.
- c) Employment offer (printed on employer letterhead)
- d) Duly completed AHPC Form SF2 (Undertaking by Supervisor). This form may be downloaded from AHPC's website at [http://www.healthprofessionals.gov.sg/content/hprof/ahpc/en/topnav/forms\\_downloads.html](http://www.healthprofessionals.gov.sg/content/hprof/ahpc/en/topnav/forms_downloads.html)

Depending on the credentials of your applicant, you may need to upload these additional documents:

- a) Copy of basic and postgraduate qualification certificates
- b) Copy of Certificate of Registration with other regulatory authorities
- c) Copy of Results of Licensing or National Examination
- d) Certificate of Service (CoS) from last employer if your applicant has professional practice experience
- e) HR personnel who are submitting applications on behalf of their potential employees must upload a copy of the declaration that has been signed by the applicant.
- f) English Language Proficiency results (for applicants whose qualifications do not come from Singapore, Australia, Canada (except Quebec), New Zealand, Republic of Ireland, South Africa, United Kingdom and the United States of America).

If your applicant is holding an overseas qualification, please arrange for the University or Institute of Higher Learning awarding the qualification to send the following to the Council directly:

- a) A Letter of Verification<sup>1</sup> of your basic and postgraduate qualification (if applicable)
- b) Transcript of examination results for every year of your education
- c) An original testimonial from the Dean, Registrar or Lecturer of the University or Institute of Higher Learning, attesting to your good character (required for fresh graduates only)

If your applicant has been registered or licensed in another country within the past 3 years, please arrange with the regulatory or licensing authority with whom the applicant was registered or licensed, to send direct to the Council a Certificate of Good Standing<sup>2</sup> and details<sup>3</sup> of their registration or licensure.

Your applicant will have to make arrangements for these documents to be sent directly to the AHPC at the following address

To: Registrar  
Allied Health Professions Council  
16 College Road, #01-01  
College of Medicine Building  
Singapore 169854

Other items that you should have on hand include

- Credit card or eNETs.

Please note that the application form should take you approximately 20 minutes to complete. The system will log you out if you have been idle for 30 minutes. Unless you have saved your progress, all your inputs will be lost. As such, we recommend that you set aside adequate time to complete the application form.

You will have the option to save the application as a draft at the end of each page by clicking the button, "Save as Draft". To prevent you from losing your work, you should scroll to the bottom of the page to save the application if you have to step away from your keyboard.

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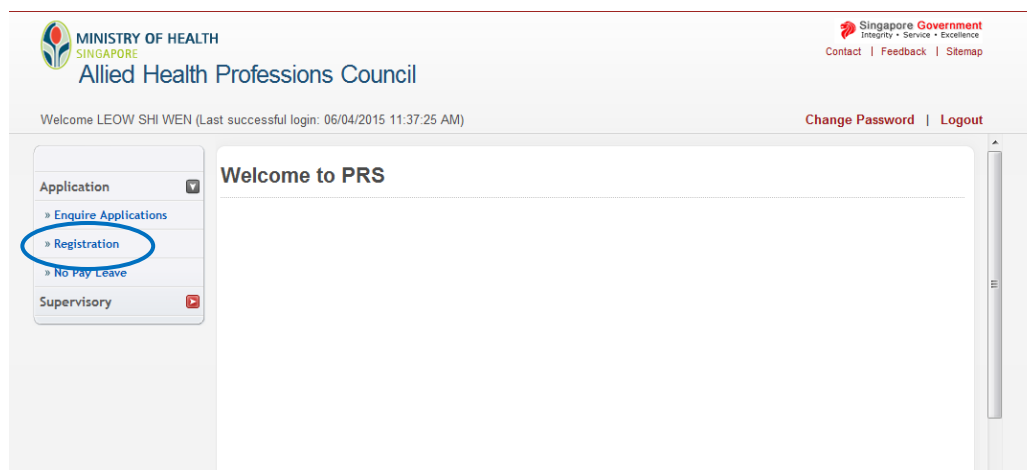
<sup>1</sup> The Letter of Verification from the University or Institute of Higher Learning must contain the applicant's name, date of entry into the course, date of graduation, degree or title conferred, medium of instruction for the course, and must be duly endorsed by the Dean, Registrar or an authorised officer of the awarding institution if such information is not already included in the transcript

<sup>2</sup> The Certificate of Good Standing must reach the Council within 3 months of its date of issue.

<sup>3</sup> Details of registration or licensure must contain the applicant's name, date and type of registration, registration number, information on his/her professional conduct, information on his/her registration suspension or cancellation, and fitness to practice if not already included in the Certificate of Good Standing.

## 7. SUBMITTING AN APPLICATION FOR REGISTRATION FOR A POTENTIAL EMPLOYEE

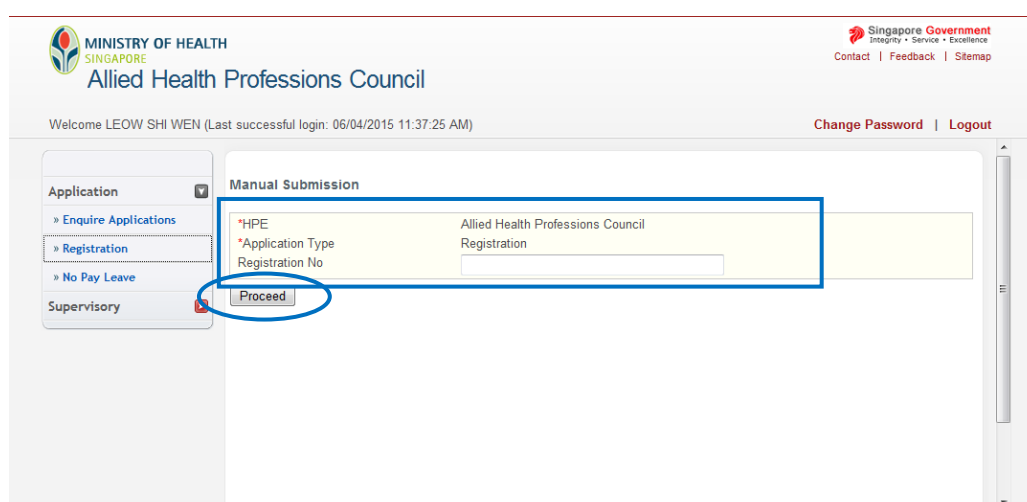
7.1 Please click on the “**Registration**” tab for submitting a registration application.



7.2 You will arrive at the manual submission page.

If you are submitting an application on behalf of the applicant who is already registered with the AHPC (e.g. registered as an occupational therapist and submitting a second application for registration as a physiotherapist), please key in the applicant’s “Registration No” and click on the “Proceed” button.

If this is a fresh application, please leave the “Registration No” field blank and click on the “Proceed” button.



7.3 You will then see a set of instructions for submission of application for registration.

Please read them carefully and then click on the “Proceed” button at the bottom of the page.

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Welcome LEOW SHI WEN (Last successful login: 06/04/2015 11:37:25 AM) [Change Password](#) | [Logout](#)

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**Application**

- » [Enquire Applications](#)
- » [Registration](#)
- » [No Pay Leave](#)

**Supervisory**

**Instruction** | Personal | Qualifications | Employment | Documents | Declaration | Confirmation | Payment | Acknowledgement

### Instructions For Online Registration Application

**Important Instructions for registration application**

1. Please read and be familiarized yourself with the eligibility criteria and documentation requirements for the application for registration.
2. The online application for registration may take approximately 20 minutes to complete. Please check that you have all the documents, certificates and credit card ready at hand before you proceed to file your application.
3. To submit photograph, supporting documents or certificates online, please save them in JPEG (.jpeg) or PDF (.pdf) format and within the prescribed size of not exceeding 1 MB before you upload them with your application.
4. For internet payment, please pay using eNets or credit card options only. Cash payment is not accepted. If your employer is arranging to pay the registration fee on your behalf, please ensure that the payment has been made before you go on to file your application.
5. Fields marked with an asterisk\* in the application must be completed.
6. System timeout occurs after 20 minutes of inactivity. Please click on the "Save" button to save your application.

## 8. FILLING IN THE APPLICATION FORM

You will then see the first page of the application form. There are mandatory fields in this form which are marked by an asterisk (\*). Please go through the form carefully and ensure that all these fields are completed correctly. If any of these fields are missed, you will not be able to proceed to the next page of the application.

In addition, you will be logged out of the system if it has been idle for 30 minutes. All your inputs will be lost if you did not save your progress.

You will have the option to save the application as a draft at the end of each page by clicking the button, “Save as Draft”. To prevent you from losing your work, you should scroll to the bottom of the page to save the application if you have to step away from your keyboard.

### 8.1 PERSONAL TAB

8.1.1 In the “Personal” page, you will be required to fill in your applicant’s personal particulars.

Please **key in your applicant’s particulars** ensuring that they are accurate and correctly capitalised.

E.g. “Tan Ah Mei”; “TanahMei22@mailbox.com”

The screenshot shows the 'Application for Registration' form on the Allied Health Professions Council website. The 'Personal' tab is selected. The form includes sections for 'Registration Details' and 'Particulars Of Applicant'. Mandatory fields are marked with an asterisk (\*). The user 'TESTING ONE' is logged in.

**MINISTRY OF HEALTH SINGAPORE**  
**Allied Health Professions Council**

Welcome TESTING ONE (Last successful login: 17/02/2015 03:38:26 PM) [Change Password](#) | [Logout](#)

[Instruction](#) **Personal** [Qualifications](#) [Employment](#) [Documents](#) [Declaration](#) [Confirmation](#) [Payment](#) [Acknowledgement](#)

**Application**  
» [Enquire Applications](#)  
» [Registration](#)

**Application for Registration**

All fields marked with asterisk (\*) are mandatory

**Registration Details**

\*Type of Register   
I am also trained in other profession

**Particulars Of Applicant**

\*Identification Type   
\*Identification No.   
\*Salutation   
\*Full Name as shown in NRIC/FIN/Passport   
\*Surname / Family Name   
Name in Chinese Character   
\*Gender ☐ Female ☐ Male  
Race   
\*Date of Birth   
\*Nationality   
\*Country/Place of Birth   
\*Marital Status



- 8.1. Under the “Nationality” field, if your applicant is a Singaporean, please select  
2a “Singapore Citizen”.

The screenshot shows the registration form for the Allied Health Professions Council. The user is logged in as TESTING ONE. The form fields are as follows:

Field	Value
*Nationality	SINGAPORE CITIZEN
*Country/Place of Birth	Singapore
*Marital Status	Single
Religion	--Select Here--
Year Obtained Citizenship	yyyy
Other Nationality	--Select Here--
Residential Status (Mandatory field for non-Singapore Citizen)	--Select Here--
Year Permanent Resident Obtained	
Year Employment Pass Obtained	yyyy
Year Work Permit Obtained	yyyy
*Preferred Email Address	(0/320)
Alternate Email Address (You may enter the email address of your prospective employer)	(0/320)

- 8.1. For Singapore Permanent Residents, please type in the year your applicant obtained  
2b their permanent residency.

The screenshot shows the registration form for the Allied Health Professions Council. The user is logged in as TESTING ONE. The form fields are as follows:

Field	Value
*Nationality	AUSTRALIAN
*Country/Place of Birth	Australia
*Marital Status	Single
Religion	--Select Here--
Year Obtained Citizenship	yyyy
Other Nationality	--Select Here--
Residential Status (Mandatory field for non-Singapore Citizen)	Singapore Permanent Resident
Year Permanent Resident Obtained	2014
Year Employment Pass Obtained	yyyy
Year Work Permit Obtained	yyyy
*Preferred Email Address	(0/320)
Alternate Email Address (You may enter the email address of your prospective employer)	(0/320)

8.1. **For Foreigners**, please note that the “Residential Status” field is compulsory.

2c

If your applicant has yet to obtain the relevant work pass from the Ministry of Manpower (MOM), please select “Others” from the dropdown list and specify the status relevant in the applicant’s case (e.g. Pending EP).

**Please note that your applicant can only complete their work pass (EP/S) application process with MOM only upon receiving the In-Principle Approval letter/email from the AHPC.**

The screenshot shows the registration form for the Allied Health Professions Council. The form is titled "MINISTRY OF HEALTH SINGAPORE Allied Health Professions Council". It includes a welcome message for "TESTING ONE" and a sidebar with "Application", "Enquire Applications", and "Registration" links. The form fields are as follows:

*Nationality	AUSTRALIAN
*Country/Place of Birth	Australia
*Marital Status	Single
Religion	--Select Here--
Year Obtained Citizenship	yyyy
Other Nationality	--Select Here--
Residential Status (Mandatory field for non-Singapore Citizen)	Others
	If others, please specify Pending EP
Year Permanent Resident Obtained	yyyy
Year Employment Pass Obtained	yyyy
Year Work Permit Obtained	yyyy
*Preferred Email Address	(0/320)
Alternate Email Address (You may enter the email address of your prospective employer)	(0/320)

8.1. **If your applicant is already holding a work pass**, please type in the year he/she obtained the pass.

2d

The screenshot shows the registration form for the Allied Health Professions Council, similar to the previous one but with the "Residential Status" field set to "Employment Pass". The form is titled "MINISTRY OF HEALTH SINGAPORE Allied Health Professions Council". It includes a welcome message for "TESTING ONE" and a sidebar with "Application", "Enquire Applications", and "Registration" links. The form fields are as follows:

*Nationality	AUSTRALIAN
*Country/Place of Birth	Australia
*Marital Status	Single
Religion	--Select Here--
Year Obtained Citizenship	yyyy
Other Nationality	--Select Here--
Residential Status (Mandatory field for non-Singapore Citizen)	Employment Pass
Year Permanent Resident Obtained	yyyy
Year Employment Pass Obtained	2014
Year Work Permit Obtained	yyyy
*Preferred Email Address	(0/320)
Alternate Email Address (You may enter the email address of your prospective employer)	(0/320)

**8.1.3 IMPORTANT:** Please note that all subsequent correspondence regarding this application will be sent to the e-mail address provided in the “Preferred Email Address” field. Please key in the applicant’s e-mail address in this field and key in the administrator (HR) user ID’s address in the “Alternate Email Address” field. If you wish to receive these notifications as Administrator (HR) Users, you should make arrangements with your applicants to have them forward relevant information to their employing institution.

**8.1.4** You are **NOT** required to complete the section on “Information on Spouse”.

Once you have completed the first page of the application, please click on the “Proceed” button to continue to the next page.

## 8.2 QUALIFICATIONS TAB

### 8.2.1 You are now on the "Qualifications" page of the application form. Please **ensure that you have filled up the mandatory fields** which are marked by an asterisk (\*).

As you fill in the fields for your applicant's university/institution, its name and corresponding qualifications might be automatically generated by the PRS. Please select the most accurate entry.

MINISTRY OF HEALTH SINGAPORE  
Allied Health Professions Council

Welcome TESTING ONE (Last successful login: 17/02/2015 03:38:26 PM)

Change Password | Logout

Instruction | Personal | **Qualifications** | Employment | Documents | Declaration | Confirmation | Payment | Acknowledgement

Application  
» Enquire Applications  
» Registration

**Application for Registration**

Note: All Fields marked with asterisk (\*) are mandatory.

**Qualifications of Applicant**

**Basic Allied Health Qualification Obtained**

*Country	Singapore
*University / Institution	Nanyang Polytechnic
*Qualification Type	Diploma
*Qualification	Diploma in Occupational Therapy
Abbrev. Of Qualification	
Subject Area / Specialty	--Select Here--
Programme Type	<input checked="" type="radio"/> Full-time <input type="radio"/> Part-time
Course Duration	months
Start Date	dd/mm/yyyy
End Date	dd/mm/yyyy
*Year Obtained	2015
*Twinning Programme	<input checked="" type="radio"/> No <input type="radio"/> Yes

- 8.2.2** However, if you are unable to locate your applicant's University/Institution, please select the "Others" option and key in your applicant's institution's name, as it appears on their graduation certificate. Please do not make use of abbreviations (e.g. University of Queensland instead of UQ). Similarly for the "Qualifications" field, if you are unable to locate your applicant's qualification, please select the "Others" option and key in your applicant's qualification as it appears on their graduation certificate. Please type out their qualification in full (e.g. Bachelor of Science in Physiotherapy instead of BSc Physiotherapy).

Click on the "Update" button once you have keyed in the mandatory information.

#### Postgraduate / Post-Registration Qualifications

*Country	Australia
*University / Institution	Others If others, please specify
*Qualification Type	--Select Here--
*Qualification	--Select Here--
Abbrev. Of Qualification	
Programme Type	<input type="radio"/> Full-time <input type="radio"/> Part-time
Specialty	--Select Here--
*Year Obtained	2010

Update

Cancel

**8.2.3** New local graduates with no professional practice experience are not required to complete the sections on post-graduate qualifications, past work practice experience or registration/licensing details obtained outside of Singapore. If your applicant is such a candidate, no further information is needed in this tab. Please scroll to the bottom of the page **and click on the “Proceed” button to continue.**

If your applicant is a local graduate with overseas practice experience or an international graduate, you are required to complete the sections on post-graduate qualifications, past work practice experience or registration/licensing detailed obtained outside of Singapore where applicable.

For licensing, please note that some countries (e.g. Philippines, Taiwan) require their allied health professionals to sit for and pass a licensing examination before they may be registered to practice with their respective regulatory boards. This information should be confirmed with your prospective employee and details furnished in the boxes below. The relevant supporting documents should be uploaded with the application in the “Documents” tab.

If your applicant is not required to take a licensing examination, you may leave these fields blank and proceed to the next section on “Postgraduate/ Post-registration Allied Health Qualifications Obtained”.

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Application

- » Enquire Applications
- » Registration

\*Are you required to take a licensing examination before you can practise as an Allied Health professional in the country where you obtained your primary professional qualification? ☐ No ☒ Yes

If "Yes", please provide details

(0/500)

If licensing examination is required, have you attempted and passed the required examination? ☐ No ☒ Yes

If "No", please state reasons

(0/500)

Postgraduate / Post-registration Allied Health Qualifications Obtained

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Obtained	Action
No Postgraduate / Post-registration Qualification added.								

Add Postgraduate Qualification

- 8.2.4 To add postgraduate / post-registration allied health qualifications obtained, click on the “Add Postgraduate Qualification” button.

The screenshot shows the AHPC Singapore website interface. The header includes the Ministry of Health Singapore logo and the AHPC name. The user is logged in as PEPPER RILAKKUMA. The left sidebar has 'Application' and 'Registration' links. The main content area has a table for 'Postgraduate / Post-registration Allied Health Qualifications Obtained'. The 'Add Postgraduate Qualification' button is circled in blue. Below it are sections for 'Clinical / Housemanship / Internship Experience of Applicant' and 'Past Work Practice Experience', each with an 'Add' button.

- 8.2.5 A new window will pop up. Please fill in the particulars of your applicant's postgraduate qualification in this window.

The screenshot shows the 'Postgraduate Qualification' form. It contains the following fields: Country (dropdown), University / Institution (dropdown), Qualification Type (dropdown), Qualification (dropdown), Abbrev. Of Qualification (text), Programme Type (radio buttons for Full-time and Part-time), Specialty (dropdown), and Year Obtained (text). There are 'Save' and 'Cancel' buttons at the bottom.

- 8.2.6 If you are unable to locate your applicant's University or Qualification, please select the "Others" option. Similar to the "Basic Allied Health Qualification" section (8.2.2), key in your applicant's institution's name and qualification, as it appears on their graduation certificate.

Please do not make use of abbreviations (e.g. type out "University of Queensland" instead of "UQ") and type out their qualification in full (e.g. Master of Science in Physiotherapy instead of MSc Physiotherapy).

Click on the "Save" button once you have keyed in the mandatory information.

**Postgraduate Qualification**

*Country	Australia
*University / Institution	The University of Queensland
*Qualification Type	Others
*Qualification	Others
If others, please specify Masters in Occupational Therapy (31/200)	
Abbrev. Of Qualification	
Programme Type	<input type="radio"/> Full-time <input type="radio"/> Part-time
Specialty	--Select Here--
*Year Obtained	2015

**Save** **Cancel**

- 8.2.7 The pop-up window will close and your inputs will be updated onto the main form. If you have made any errors, please select the relevant University/ Institution hyperlink to activate the pop up and make the necessary changes. If you wish to delete the entry, select the "Delete" action to the right of the table.

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**Postgraduate / Post-registration Allied Health Qualifications Obtained**

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Obtained	Action
Australia	<a href="#">The University of Queensland</a>	Others	Masters in Occupational Therapy	-	-	-	2015	<a href="#">Delete</a>

[Add Postgraduate Qualification](#)

**Clinical / Housemanship / Internship Experience of Applicant**

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							

[Add Clinical Experience](#)

**Past Work Practice Experience**

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
-------------	-----------	----------------	---------	----------------------------	------------	-----------------------------------	------	----------------------	--------



- 8.2.8 It is not necessary to fill in the section for “Clinical / Housemanship / Internship Experience of Applicant”. Please ignore it and proceed onto “Past Work Practice Experience”.

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Application ☒

» Enquire Applications

» Registration

Postgraduate / Post-registration Allied Health Qualifications Obtained

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Obtained	Action
Australia	The University of Queensland	Others	Masters in Occupational Therapy	-	-	-	2015	Delete

Add Postgraduate Qualification

Clinical / Housemanship / Internship Experience of Applicant

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							

Add Clinical Experience

Past Work Practice Experience

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
No Past Work Practice Experience added.									

- 8.2.9 Please note that the work experience declared should be related to your applicant’s professional practice as an allied health professional. In addition, a Certificate of Service (CoS) should be obtained from your applicant’s current employer. The CoS should be uploaded with the application in the “Documents” tab.

To fill in your applicant’s past work practice experience, click on the “Add Practice Experience” button.

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Application ☒

» Enquire Applications

» Registration

Past Work Practice Experience

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
No Past Work Practice Experience added.									

Add Practice Experience

Registration / Licensing Details (obtained outside Singapore)

Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
No Registration / Licensing Details added.								

Add Licensing Details

Save as Draft Proceed

- 8.2. A new window will pop up. Please fill in the particulars of the applicant's past work  
10 practice experience in this window.

**Please note that if your applicant was working on a part-time basis, it is necessary to declare the number of hours he or she worked per week.**

**Past Work Practice Experience**

*Date Joined	01/01/2014	
*Date Left	01/05/2014	
*Employers Name	Singapore General Hospital, Outram Road Outram Road Singapore 169608	
*Country	Singapore	
*Institution / Organisation	Singapore General Hospital, Outram Road Outram Road Singapore 169608	
Department		
*Grade / Designation / Appointment	Occupational Therapist	
*Type	<input type="radio"/> Full-time <input checked="" type="radio"/> Part-time	
*No of Hours per Week	20	

- 8.2. If your applicant's past work experience includes employment in Singapore, the  
11 details of the organisation may be automatically populated as you key in the  
information. Please select the most accurate entry, continue to fill up all the  
mandatory fields and click on the "Save" button when done.

However, if you are not able to locate the employer's name, please select the "Others" option in the "Employers Name" field and refer to the next step in this guide.

**Past Work Practice Experience**

*Date Joined	01/01/2014	
*Date Left	01/05/2014	
*Employers Name	Singapore General Hospital, Outram Road Outram Road Singapore 169608	
*Country	Singapore	
*Institution / Organisation	Singapore General Hospital, Outram Road Outram Road Singapore 169608	
Department		
*Grade / Designation / Appointment	Occupational Therapist	
*Type	<input type="radio"/> Full-time <input checked="" type="radio"/> Part-time	
*No of Hours per Week	20	

- 8.2. Overseas work experience will fall into the “Others” category. When you select the “Others” option, additional fields will be revealed. Click on the “Save” button once you have keyed in the mandatory information.

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### Past Work Practice Experience

\*Date Joined: 01/01/2013

\*Date Left: 31/12/2013

\*Employers Name: Others

If others, please specify: Occupational Therapy Centre for Children (40/255)

Postal Code:

Block/House No.:

Level - Unit No.: -

Street Name: -

Building Name: -

\*Country: Australia

\*Institution / Organisation: Others

If others, please specify: Occupational Therapy Centre for Children (40/255)

Address Line 1:

Address Line 2:

Address Line 3:

Address Line 4:

Department:

\*Grade / Designation / Appointment: Occupational Therapist

\*Type: ☒ Full-time ☐ Part-time

**Save** **Cancel**

- 8.2. The pop-up window will close and your inputs will be updated onto the main form. If you have made any errors, please select the relevant Institution / Organisation hyperlink to activate the pop up and make the necessary changes. If you wish to delete the entry, select the “Delete” action to the right of the table.

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**Past Work Practice Experience**

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
01/01/2013	31/12/2013	Occupational Therapy Centre for Children	Australia	<a href="#">Occupational Therapy Centre for Children</a>	-	Occupational Therapist	Full-time	-	<a href="#">Delete</a>
01/01/2014	01/05/2014	Singapore General Hospital Outram Road Singapore 169608	Singapore	<a href="#">Singapore General Hospital Outram Road Singapore 169608</a>	-	Occupational Therapist	Part-time	20	<a href="#">Delete</a>

[Add Practice Experience](#)

**Registration / Licensing Details (obtained outside Singapore)**

Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
No Registration / Licensing Details added.								

[Add Licensing Details](#)

[Save as Draft](#) [Proceed](#)

- 8.2. If your applicants is registered or licensed with overseas professional registration  
14 authorities, you will need to provide details of their registration in the “Registration / Licensing Details (obtained outside Singapore)”.

To begin keying in this information, click on the “Add Licensing Details” button.

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Application

- » Enquire Applications
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Past Work Practice Experience

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
01/01/2013	31/12/2013	Occupational Therapy Centre for Children	Australia	<a href="#">Occupational Therapy Centre for Children</a>	-	Occupational Therapist	Full-time	-	<a href="#">Delete</a>
01/01/2014	01/05/2014	Singapore General Hospital Outram Road Singapore 169608	Singapore	<a href="#">Singapore General Hospital Outram Road Singapore 169608</a>	-	Occupational Therapist	Part-time	20	<a href="#">Delete</a>

Add Practice Experience

Registration / Licensing Details (obtained outside Singapore)

Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
No Registration / Licensing Details added.								

Add Licensing Details

Save as Draft Proceed

- 8.2. A new window will pop up. Please fill in the particulars of your applicant’s registration  
15 or licensing details with regulatory bodies outside of Singapore.

Registration / Licensing Details (obtained outside Singapore)

Country of Registration --Select Here--

Name of Council / Registration Authority (0/255)

Registration Type/Category

Registration / Licensing No.

Date of Registration dd/mm/yyyy

Current PC No.

Current PC Start Date dd/mm/yyyy

Current PC End Date dd/mm/yyyy

Save Cancel

8.2.  
16

When keying in the name of the professional regulatory body, please key in its name in full (e.g. Australia Health Practitioner Regulation Agency instead of AHPRA). The required information (i.e. Registration Type/ Category, Registration Licensing No) should be obtained from your applicant. Click on the “Save” button once you have keyed in the mandatory information.

Please also note that professional associations are not professional regulatory bodies (e.g. Singapore Physiotherapy Association, Occupational Therapy Australia, Speech Pathology Australia).

Some examples of regulatory bodies include the following:

- a) Australian Health Practitioner Regulation Agency (Australia)
- b) Health and Care Professions Council (United Kingdom)
- c) Professional Regulation Commission (Philippines)

**Registration / Licensing Details (obtained outside Singapore)**

Country of Registration	Australia
Name of Council / Registration Authority	Australia Health Practitioner Regulation Agency (47/255)
Registration Type/Category	General
Registration / Licensing No.	OCC00123456789
Date of Registration	31/12/2013
Current PC No.	
Current PC Start Date	dd/mm/yyyy
Current PC End Date	dd/mm/yyyy

Save

Cancel

- 8.2.17 The pop-up window will close and your inputs will be updated onto the main form. If you have made any errors, please select the relevant Name of Council/ Regulatory Authority hyperlink to activate the pop up and make the necessary changes. If you wish to delete the entry, select the “Delete” action to the right of the table.

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**Past Work Practice Experience**

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
01/01/2013	31/12/2013	Occupational Therapy Centre for Children	Australia	<a href="#">Occupational Therapy Centre for Children</a>	-	Occupational Therapist	Full-time	-	<a href="#">Delete</a>
01/01/2014	01/05/2014	Singapore General Hospital Outram Road Singapore 169608	Singapore	<a href="#">Singapore General Hospital Outram Road Singapore 169608</a>	-	Occupational Therapist	Part-time	20	<a href="#">Delete</a>

[Add Practice Experience](#)

**Registration / Licensing Details (obtained outside Singapore)**

Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
Australia	<a href="#">Australia Health Practitioner Regulation Agency</a>	General	OCC00123456789	31/12/2013	-	-	-	<a href="#">Delete</a>

[Add Licensing Details](#)

[Save as Draft](#) [Proceed](#)

- 8.2.18 Once you have completed this page of the application, please click on the “Proceed” button to continue to the next page.

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**Past Work Practice Experience**

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
01/01/2013	31/12/2013	Occupational Therapy Centre for Children	Australia	<a href="#">Occupational Therapy Centre for Children</a>	-	Occupational Therapist	Full-time	-	<a href="#">Delete</a>
01/01/2014	01/05/2014	Singapore General Hospital Outram Road Singapore 169608	Singapore	<a href="#">Singapore General Hospital Outram Road Singapore 169608</a>	-	Occupational Therapist	Part-time	20	<a href="#">Delete</a>

[Add Practice Experience](#)

**Registration / Licensing Details (obtained outside Singapore)**

Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
Australia	<a href="#">Australia Health Practitioner Regulation Agency</a>	General	OCC00123456789	31/12/2013	-	-	-	<a href="#">Delete</a>

[Add Licensing Details](#)

[Save as Draft](#) [Proceed](#)

## 8.3 EMPLOYMENT TAB

When filling up the “Employment” section of your applicant’s application form, **please note that your inputs into the “Employer” and “Practice Place” fields may not necessarily be the same.**

The “Employer” is the party with whom the applicant has entered into an employment contract with, while the “Practice Place” is where the applicant will be practicing as an allied health professional. If your organisation is intending to have the therapist practice in more than one practice place, the primary practice place should be where the therapist is located most of the time followed by their secondary practice place.

**8.3.1a** Please fill up the "Employment" section of the application, ensuring that all mandatory fields (marked with \*) are completed.

If your applicant is a fresh graduate from local educational institutions, and does not have any professional practice experience, **under "Current (Singapore) Employment Details", please select "Residing in Singapore but not working".**

As your applicant will need to provide a **reason for why he or she is currently not working**, select the most appropriate response under the field “If Not Working, state reason.” If none of the options are applicable, please select “Others” and then indicate your applicant’s reasons for non-employment.

The screenshot shows the 'Application for Registration' form on the AHPC website, specifically the 'Employment' tab. The form is divided into two main sections: 'Current (Singapore) Employment Details' and 'Proposed (Singapore) Employment Details'. The 'Current' section is highlighted with a blue box. In this section, the 'Activity Status' dropdown is set to 'Residing in Singapore, but not working', and the 'If Not Working, state reason' dropdown is set to 'Others'. The 'Proposed' section contains fields for 'Activity Status' (Working Full-time in Singapore), 'Appointment' (Occupational Therapist), 'Name of Institution / Organisation' (Singapore General Hospital, Outram Road), 'Nature of Work' (Clinical Service), 'Department / Division', 'Date Joined', and 'Date Left'. The form also includes a sidebar with 'Application' and 'Registration' links, and a top navigation bar with 'Instruction', 'Personal', 'Qualifications', 'Employment', 'Documents', 'Declaration', 'Confirmation', 'Payment', and 'Acknowledgement' tabs. The top right corner features the Singapore Government logo and a 'Logout' button.

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Instruction Personal Qualifications **Employment** Documents Declaration Confirmation Payment Acknowledgement

Application  
» Enquire Applications  
» Registration

**Application for Registration**

Note: All Fields marked with asterisk (\*) are mandatory.

**Current (Singapore) Employment Details**

\*Activity Status: Residing in Singapore, but not working  
If Not Working, state reason: Others  
If others, please specify: gaining AHPC registration

**Proposed (Singapore) Employment Details**

Activity Status: Working Full-time in Singapore  
Appointment: Occupational Therapist  
Name of Institution / Organisation: Singapore General Hospital, Outram Road  
Outram Road  
Singapore 169608  
Nature of Work: Clinical Service  
Department / Division:  
Date Joined:  
Date Left:

- 8.3.1b If your applicant is currently residing overseas but not working, under "Current (Singapore) Employment Details", please select "Residing overseas but not working".

As your applicant will need to provide a **reason for why he or she is currently not working**, select the most appropriate response under the field "If Not Working, state reason." If none of the options are applicable, please select "Others" and then indicate your applicant's reasons for non-employment.

The screenshot shows the 'Application for Registration' form on the Allied Health Professions Council website. The 'Current (Singapore) Employment Details' section is highlighted with a blue box. It contains the following fields:

- \*Activity Status: Residing Overseas, but not working (selected)
- If Not Working, state reason: --Select Here-- (dropdown menu)

The 'Proposed (Singapore) Employment Details' section is also visible, with fields for Activity Status, Appointment, Name of Institution / Organisation, Nature of Work, Department / Division, Date Joined, and Date Left.

- 8.3.1c If your applicant is working full-time overseas, under "Current (Singapore) Employment Details", please select "Working full-time overseas".

No further information is required in this page.

The screenshot shows the 'Application for Registration' form on the Allied Health Professions Council website. The 'Current (Singapore) Employment Details' section is highlighted with a blue box. It contains the following fields:

- \*Activity Status: Working Full-time Overseas (selected)

The 'Proposed (Singapore) Employment Details' section is also visible, with fields for Activity Status, Appointment, Name of Institution / Organisation, Nature of Work, Department / Division, Date Joined, and Date Left.



8.3.1d If your applicant is currently working full-time in Singapore, under "Current (Singapore) Employment Details", please select "Working full-time in Singapore".

You will need to fill in the details of the applicant's current employment.

The screenshot shows the 'Application for Registration' page on the Allied Health Professions Council website. The 'Current (Singapore) Employment Details' section is highlighted with a blue box. It contains the following fields: 'Activity Status' (dropdown menu with 'Working Full-time in Singapore' selected), 'Appointment' (dropdown menu with 'Therapy Aide' selected), 'Name of Institution / Organisation' (text field with 'Singapore General Hospital, Outram Road, Outram Road, Singapore 169608'), 'Nature of Work' (dropdown menu with 'Clinical Service' selected), 'Department / Division' (text field), 'Date Joined' (date field with '20/03/2012'), and 'Date Left' (date field with 'dd/mm/yyyy'). The 'Proposed (Singapore) Employment Details' section is also visible below, with 'Activity Status' set to '--Select Here--'.

8.3.1e If your applicant is working part-time overseas, under "Current (Singapore) Employment Details", please select "Working part-time overseas".

You will need to provide the number of hours the applicant works per week on part-time employment.

The screenshot shows the 'Application for Registration' page on the Allied Health Professions Council website. The 'Current (Singapore) Employment Details' section is highlighted with a blue box. It contains the following fields: 'Activity Status' (dropdown menu with 'Working Part-time Overseas' selected), 'If Working Part-time, no. of hours per week' (text field), and 'Proposed (Singapore) Employment Details' section with 'Activity Status' set to '--Select Here--'.

8.3. If your applicant is currently working part-time in Singapore, under "Current (Singapore) Employment Details", please select "Working part-time in Singapore".  
1f

You will need to provide the number of hours the applicant works per week on part-time and details of the applicant's current employment.

The screenshot shows the user interface of the Allied Health Professions Council portal. The header includes the Ministry of Health Singapore logo and the Singapore Government logo. The user is logged in, with a welcome message and a last successful login timestamp. The left sidebar contains navigation links: Application, Enquire Applications, Registration, No Pay Leave, and Supervisory. The main content area is titled "Current (Singapore) Employment Details" and is highlighted with a blue border. It contains two sections: "Current (Singapore) Employment Details" and "Proposed (Singapore) Employment Details". The "Current" section has fields for Activity Status (Working Part-time in Singapore), If Working Part-time, no. of hours per week (20), Appointment (Therapy Aide), Name of Institution / Organisation (Singapore General Hospital, Outram Road), Nature of Work (Clinical Service), Department / Division, Date Joined (20/03/2012), and Date Left (dd/mm/yyyy). The "Proposed" section has fields for Activity Status, Appointment, and Name of Institution / Organisation, all with dropdown menus.

8.3. If your applicant is working in other fields overseas, under "Current (Singapore) Employment Details", please select "Working in other fields overseas".  
1g

No further information is required on this page.

The screenshot shows the user interface of the Allied Health Professions Council portal. The header includes the Ministry of Health Singapore logo and the Singapore Government logo. The user is logged in, with a welcome message and a last successful login timestamp. The left sidebar contains navigation links: Application, Enquire Applications, Registration, No Pay Leave, and Supervisory. The main content area is titled "Application for Registration" and is highlighted with a blue border. It contains two sections: "Current (Singapore) Employment Details" and "Proposed (Singapore) Employment Details". The "Current" section has fields for Activity Status (Working in other fields Overseas), Appointment, Name of Institution / Organisation, Nature of Work, Department / Division, Date Joined (dd/mm/yyyy), and Date Left (dd/mm/yyyy). The "Proposed" section has fields for Activity Status, Appointment, Name of Institution / Organisation, Nature of Work, Department / Division, Date Joined (dd/mm/yyyy), and Date Left (dd/mm/yyyy). The "Principal Place of Practice" section is also visible at the bottom.

### 8.3.1h

If your applicant is currently working in other fields in Singapore, under **"Current (Singapore) Employment Details"**, please select **"Working in other fields in Singapore"**.

You will need to provide the details of the applicant's current employment.

The screenshot shows the AHPC portal interface. The user is logged in as 'TESTING ONE'. The 'Application' menu is open, showing options like 'Enquire Applications', 'Registration', 'No Pay Leave', and 'Supervisory'. The 'Current (Singapore) Employment Details' form is highlighted with a blue border. The form fields are as follows:

Current (Singapore) Employment Details	
*Activity Status	Working in other fields in Singapore
Appointment	Adjunct Professor
Name of Institution / Organisation	Singapore General Hospital, Outram Road Outram Road Singapore 169608
Nature of Work	Research
Department / Division	
Date Joined	20/03/2012
Date Left	dd/mm/yyyy

Below the current details is the 'Proposed (Singapore) Employment Details' section, which is currently empty with dropdown menus for Activity Status, Appointment, and Name of Institution / Organisation.

### 8.3.2

Under the section **"Proposed (Singapore) Employment Details"** please provide details of your employer. You will need to indicate your **"Activity Status"** (e.g. Part-time or Full-time employment) and name of your employing institution. For the field indicating your employing institution /organisation, the address will be automatically populated as you type the name of the institution.

You may leave the **"Date Joined"** and **"Date Left"** fields blank.

The screenshot shows the AHPC portal interface. The user is logged in as 'TESTING ONE'. The 'Application' menu is open, showing options like 'Enquire Applications', 'Registration', 'No Pay Leave', and 'Supervisory'. The 'Proposed (Singapore) Employment Details' form is highlighted with a blue border. The form fields are as follows:

Proposed (Singapore) Employment Details	
Activity Status	Working Full-time in Singapore
Appointment	Occupational Therapist
Name of Institution / Organisation	Singapore General Hospital, Outram Road Outram Road Singapore 169608
Nature of Work	Clinical Service
Department / Division	
Date Joined	
Date Left	

Below the proposed details is the 'Current (Singapore) Employment Details' section, which is currently empty with dropdown menus for Activity Status, Appointment, and Name of Institution / Organisation.

### 8.3.3a **FOR APPLICANTS WITH ONLY 1 PRACTICE PLACE:**

8.3. If your applicant will be working at 1 practice place only, please fill up the "Principal Place of Practice" section accordingly. When keying in your employment details, you may leave the "Date Joined" and "Date Left" fields blank.

3a.1

Click on the "Proceed" button to continue to the "Documents" section.

The screenshot shows the registration interface for the Allied Health Professions Council. The header includes the Ministry of Health Singapore logo and the council's name. A user is logged in as 'TESTING ONE'. The form is divided into sections for 'Principal Place of Practice' and 'Secondary Place of Practice'. The 'Principal Place of Practice' section is highlighted with a blue border and contains fields for Appointment (Occupational Therapist), Name of Institution (Singapore General Hospital), Nature of Work (Clinical Service), and Department/Division. Below this is a table for 'Secondary Place of Practice' which is currently empty. At the bottom, there are buttons for 'Save as Draft' and 'Proceed', with the 'Proceed' button circled in blue.

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**Application**  
» Enquire Applications  
» Registration

Nature of Work: Clinical Service  
Department / Division:  
Date Joined:  
Date Left:

**Principal Place of Practice**  
\*Appointment: Occupational Therapist  
\*Name of Institution / Organisation: Singapore General Hospital, Outram Road  
Outram Road  
Singapore 169608  
Nature of Work: Clinical Service  
Department / Division:  
Date Joined:  
Date Left:

**Secondary Place of Practice**

Name of Institution / Organisation	Appointment	Nature of Work	Department / Division	Date Joined	Date Left	Action
No Secondary Place of Practice added.						

[Add Secondary Place of Practice](#)  
[Save as Draft](#) [Proceed](#)

### 8.3.3b FOR APPLICANTS WITH MORE THAN 1 PRACTICE PLACE:

8.3.3b.1 If your applicant will be working in more than 1 practice place under the same employer, please fill in the details of their principal place of practice i.e. the place where they will be practising most of the time. You may leave the "Date Joined" and "Date Left" fields blank.

Once done, please **click on the "Add Secondary Place of Practice" button** to provide the information required in your applicant's other places of practice.

**IMPORTANT:** Conditionally-registered therapists under supervised practice will need to be practising at the same location as their assigned supervisor, and is able to receive timely supervision.

The screenshot shows the registration portal for the Allied Health Professions Council. The 'Principal Place of Practice' section is highlighted with a blue box. Below it, the 'Secondary Place of Practice' section is visible, with the 'Add Secondary Place of Practice' button circled in blue. The 'Save as Draft' and 'Proceed' buttons are also visible at the bottom.

8.3.3b.2 Clicking on the "Add Secondary Place of Practice" button will open up a new window. Please fill in the mandatory information and then select "Save".

The screenshot shows the 'Application for Registration' window. The 'Secondary Place of Practice' section is highlighted. The 'Save' button is circled in blue. The form contains fields for Appointment, Name of Institution / Organisation, Nature of Work, Department / Division, Date Joined, and Date Left.

- 8.3. After you click “Save”, you should see the details of your applicant’s secondary practice place reflected on the application form. Please check to make sure that the information is accurate. If you have made any errors, please select the relevant Name of Institution/ Organisation hyperlink to activate the pop up and make the necessary changes. If you wish to delete the entry, select the “Delete” action to the right of the table.
- 3b.3

Once confirmed, click on the “Proceed” button to continue.

MINISTRY OF HEALTH  
SINGAPORE  
Allied Health Professions Council

Welcome TESTING ONE (Last successful login: 17/02/2015 03:38:26 PM) [Change Password](#) | [Logout](#)

**Application**

- » Enquire Applications
- » Registration

**Principal Place of Practice**

Date Left: dd/mm/yyyy

\*Appointment: Occupational Therapist

\*Name of Institution / Organisation: Asian Women's Welfare Association (Ang Mo Kio), 123, Ang Mo Kio Avenue 6, Singapore 560123

Nature of Work: Clinical Service

Department / Division:

Date Joined: dd/mm/yyyy

Date Left: dd/mm/yyyy

**Secondary Place of Practice**

Name of Institution / Organisation	Appointment	Nature of Work	Department / Division	Date Joined	Date Left	Action
<a href="#">Asian Women's Welfare Association (Towner Road) 107 Towner Road #01-356 Singapore 321107</a>	Occupational Therapist	Clinical Service	-	01/04/2015	-	<a href="#">Delete</a>

[Add Secondary Place of Practice](#)

[Save as Draft](#) [Proceed](#)

## 8.4 DOCUMENTS TAB

### 8.4.1 In the documents section, please prepare the following documents to be uploaded as part your applicant's application for registration.

Under "Mandatory Documents" please upload:

- Copy of NRIC (front and back), Passport, Work Pass from MOM

**Singapore citizens and permanent residents should be uploading a copy of their NRIC and not any of the other identification documents.**

Under "Additional Documents" please upload:

- A passport photo of your applicant taken against a white background within the last 6 months
- Employment offer (printed on employer letterhead)
- AHPC Form SF2 (Undertaking by Supervisor).
- A copy of the Declaration that has been signed by the applicant.

Both the AHPC Form SF2 and a copy of the Declaration form may be downloaded from AHPC's website at [http://www.healthprofessionals.gov.sg/content/hprof/ahpc/en/topnav/forms\\_downloads.html](http://www.healthprofessionals.gov.sg/content/hprof/ahpc/en/topnav/forms_downloads.html)

If applicable, please upload your applicant's:

- Certificate of Registration with other regulatory authorities
- Results of licensing or National examination
- Results of English Language Proficiency Tests (i.e. IELTS, TOEFL or OET)

If your applicant is not a graduate from a local institution, please also upload:

- Copy of the applicant's basic and postgraduate qualification in the profession

If your applicant is currently working as a Therapy Associate or Aide in Singapore, or has been working overseas as an allied health professional, please upload:

- A Certificate of Service (CoS) or Work Testimonial from the applicant's current employer (The applicant's name, appointment, period of appointment, nature of work and assessment of work performance must be indicated on the CoS and printed on the employing institution's letterhead. It should be duly signed by an authorised person and endorsed with the employing institution's stamp.

If your applicant has answered "Yes" to any of the questions under "Declarations" (section 8.5 of this guide), please upload:

- All supporting documentation and full details

**Each file must be in JPEG or PDF format and should not exceed 1 MB.**

You should save these files in your computer at a known location so as to facilitate your uploading. File names should be clear and specific (i.e. "NRIC", "Passport photo", "Employment Offer" and "SF2" instead of "Document 1", "AHPC 1" etc.).

MINISTRY OF HEALTH SINGAPORE  
Allied Health Professions Council

Welcome TESTING ONE (Last successful login: 17/02/2015 03:38:26 PM) [Change Password](#) | [Logout](#)

Application [» Enquire Applications](#) [» Registration](#)

Instruction Personal Qualifications Employment **Documents** Declaration Confirmation Payment Acknowledgement

### Application for Registration

**Note:**

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB
- For Photograph, the dimensions must be 400 by 514 pixels

**Mandatory Documents**

Document Title NRIC or Work Pass or Passport

\*Upload Document

**Additional Documents**

Document Title Academic Transcript

File

Documents Attached

No document attached

**8.4.2** When uploading the documents, please take note of the description of the document (i.e. NRIC or Work Pass or Passport) and upload the CORRECT item.

To begin, **select the “Browse” button to locate the appropriate file on your computer.** Once found, click on the “Attach” button. You would receive the message that your document has been updated successfully. You may upload multiple documents.

When all the required documents have been uploaded, please click “Proceed” to continue.

MINISTRY OF HEALTH SINGAPORE  
Allied Health Professions Council

Welcome TESTING ONE (Last successful login: 17/02/2015 03:38:26 PM) [Change Password](#) | [Logout](#)

Application [» Enquire Applications](#) [» Registration](#)

Instruction Personal Qualifications Employment **Documents** Declaration Confirmation Payment Acknowledgement

**MESSAGES**

Upload successfully

### Application for Registration

**Note:**

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB
- For Photograph, the dimensions must be 400 by 514 pixels

**Mandatory Documents**

Document Title NRIC or Work Pass or Passport

\*Upload Document

**Additional Documents**

Document Title Academic Transcript

File



## 8.5 DECLARATION TAB

### 8.5.1 All fields are mandatory in the "Declaration" section. Please answer all questions.

**IMPORTANT:** HR personnel who are submitting applications on behalf of their potential employees must upload a copy of the declaration that has been signed by the applicant under the “Documents” tab.

The screenshot shows the 'Declaration' tab of the 'Application for Registration' form on the Allied Health Professions Council website. The page header includes the Ministry of Health Singapore logo and the Singapore Government logo. A navigation bar at the top contains tabs for Instruction, Personal, Qualifications, Employment, Documents, Declaration (active), Confirmation, Payment, and Acknowledgement. A sidebar on the left lists menu items: Application (checked), Enquire Applications, Registration, No Pay Leave, and Supervisory. The main content area is titled 'Application for Registration' and includes a note that all fields are mandatory. It contains a section for 'Declarations by Applicant' with five numbered questions, each with radio button options for 'No' or 'Yes'. Below the questions are two checkboxes for declarations and acknowledgements. At the bottom are 'Save as Draft' and 'Proceed' buttons.

MINISTRY OF HEALTH SINGAPORE  
Allied Health Professions Council

Welcome LEOW SHI WEN (Last successful login: 13/04/2015 10:27:53 AM) [Change Password](#) | [Logout](#)

[Instruction](#) [Personal](#) [Qualifications](#) [Employment](#) [Documents](#) **[Declaration](#)** [Confirmation](#) [Payment](#) [Acknowledgement](#)

Application ☒  
[Enquire Applications](#)  
[Registration](#)  
[No Pay Leave](#)  
Supervisory ☐

### Application for Registration

Note: All fields are mandatory.

#### Declarations by Applicant

Please answer all questions. If you have answered "yes" to any of the questions, please provide full details in a separate document and upload supporting documents at the "Documents" tab, where applicable.

- Have you ever suffered or are you suffering from any physical or mental illness which may:  
(a) impair your ability to practise as an allied health practitioner; or  
(b) require conditions and/or restrictions being imposed on your registration?  
☐ No ☐ Yes
- Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?  
☐ No ☐ Yes
- Are you currently or have you ever been the subject of an inquiry or proceedings by a professional body, health authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?  
☐ No ☐ Yes
- Are you currently or have you ever been the subject of an inquiry or an investigation by any professional body, licensing authority, health authority or the police, in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the profession in which you are registered?  
☐ No ☐ Yes
- Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?  
☐ No ☐ Yes

☐ I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

☐ I acknowledge that the Allied Health Professions Council shall have the right to withhold and/or terminate my registration and/or take any other action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Allied Health Professions Council. I also understand and give my consent to the Allied Health Professions Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

[Save as Draft](#) [Proceed](#)

### 8.5.2 If your applicant has answered “Yes” to any of the questions, please provide full details in a separate document and upload them at the “Documents” tab.

You may access the “Documents” tab by clicking on it. Similarly, please name the files clearly (e.g. “Declaration-Qn 1” etc.).

The screenshot shows the 'Declaration' section of the 'Application for Registration' form. The 'Documents' tab in the top navigation bar is circled in blue. The form contains five questions, each with a 'No' or 'Yes' radio button and a text area for details if 'Yes' is selected. The first question is highlighted with a blue box.

**MINISTRY OF HEALTH SINGAPORE Allied Health Professions Council**

Welcome TESTING ONE (Last successful login: 17/02/2015 03:38:28 PM) [Change Password](#) | [Logout](#)

[Instruction](#) [Personal](#) [Qualifications](#) [Employment](#) [Documents](#) [Declaration](#) [Confirmation](#) [Payment](#) [Acknowledgement](#)

**Application** ☒ [Enquire Applications](#) [Registration](#)

**Application for Registration**

Note: All fields are mandatory.

**Declarations by Applicant**

Please answer all questions. If you have answered "yes" to any of the questions, please provide full details in a separate document and upload supporting documents at the "Documents" tab, where applicable.

- 1 Have you ever been convicted, or been the subject of an inquiry or an investigation by any professional body, licensing, health authority or the police in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the Allied Health profession?  
☐ No ☒ Yes  
If Yes, please provide full details:  
 (0/500)
- 2 Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as an Allied Health practitioner or even if your fitness to practise is not impaired, it will still require conditions being imposed on your registration or alternatively, prevents you from practising as an Allied Health practitioner without any restriction?  
☐ No ☒ Yes  
If Yes, please provide full details:  
 (0/500)
- 3 Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?  
☐ No ☒ Yes  
If Yes, please provide full details:  
 (0/500)
- 4 Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?  
☐ No ☒ Yes  
If Yes, please provide full details:  
 (0/500)
- 5 Have you ever been the subject of an inquiry or proceedings by a professional body, Health Authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?  
☐ No ☒ Yes  
If Yes, please provide full details:  
 (0/500)

### 8.5.3 Click on the “Proceed” button to continue on to the “Confirmation” section.

The screenshot shows the 'Confirmation' section of the 'Application for Registration' form. It contains two checkboxes for declarations and acknowledgments. At the bottom, the 'Proceed' button is circled in blue.

☐ I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

☐ I acknowledge that the Allied Health Professions Council shall have the right to withhold and/or terminate my registration and/or take any other action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Allied Health Professions Council. I also understand and give my consent to the Allied Health Professions Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

[Save as Draft](#) [Proceed](#)

## 8.6 CONFIRMATION TAB

- 8.6.1 The “Confirmation” section allows you to review what you had previously keyed in your applicant’s application for registration. Please check the information carefully to ensure that it is accurate and truthful. Once done, click on the “Confirm” button at the bottom of the page to continue.

The screenshot shows the AHP Council's online application system. The user is logged in as TESTING ONE. The interface includes a sidebar with 'Application' and 'Registration' links, a top navigation bar with tabs like 'Instruction', 'Personal', 'Qualifications', 'Employment', 'Documents', 'Declaration', 'Confirmation' (selected), 'Payment', and 'Acknowledgement'. The main content area is titled 'Application for Registration' and contains two sections: 'Registration Details' and 'Particulars Of Applicant'.

**Registration Details**

Type of Register	Occupational Therapist
I am also trained in other profession	-

**Particulars Of Applicant**

Identification Type	Passport
Identification No.	456789
Salutation	Ms
Full Name as shown in NRIC/FIN/Passport	TESTING ONE
Surname / Family Name	ONE
Preferred Order of Name	-
Name in Chinese Character	-
Gender	Female
Race	Chinese

## 8.7 PAYMENT TAB

**8.7.1** Please note that the AHPC only accepts payments by eNETS and credit card. When an Administrator (HR) User submits an application for an applicant, the employing institution will need to make payment on behalf of the applicant together with the online application or else the application will be considered incomplete.

Click on "Proceed" to continue. You will be directed to a different site with instructions on how to submit your payment.

Once you have completed the payment process, you will be directed to the "Acknowledgement" tab.



MINISTRY OF HEALTH SINGAPORE  
Allied Health Professions Council

Welcome TESTING ONE (Last successful login: 17/02/2015 03:38:26 PM) [Change Password](#) | [Logout](#)

Instruction Personal Qualifications Employment Documents Declaration Confirmation **Payment** Acknowledgement

**Application**  
» Enquire Applications  
» Registration

**Application for Registration**

Please note that the following fee(s) paid will not be refundable.  
If you encounter any problems making payment, please try again later. Your application will be saved as Draft in the Enquire Applications.

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
(Occupational Therapist) Application for registration as an allied health professional under section 21(1)(b) of the Act	200.00	1	200.00

Please remember to select the [Click to complete this transaction](#) button after payment to successfully conclude the transaction. Do not close the browser window before an acknowledgement page indicating successful submission is displayed.

[Proceed](#) [Bill Collect](#) [Additional Button](#)

## 8.8 ACKNOWLEDGEMENT TAB

### 8.8.1 Congratulations! You have successfully submitted your application.

The “Acknowledgement” tab provides you with the application number for reference. You may wish to print or save this page.

Please note that the confirmation e-mail will be sent to the e-mail provided in the “Personal” tab. Please make arrangements with your applicant to forward you a copy if you require the e-mail confirmation for your organisation’s records.



The screenshot shows the AHPC web portal. At the top, the Ministry of Health Singapore logo is on the left, and the Singapore Government logo with the tagline 'Integrity • Service • Excellence' is on the right. Below the logos, the text 'Allied Health Professions Council' is centered. A welcome message reads 'Welcome TESTING ONE (Last successful login: 17/02/2015 03:38:26 PM)'. On the right, there are links for 'Change Password' and 'Logout'. The main navigation bar includes tabs for 'Instruction', 'Personal', 'Qualifications', 'Employment', 'Documents', 'Declaration', 'Confirmation', and 'Payment'. The 'Acknowledgement' tab is selected. On the left sidebar, under 'Application', there are links for 'Enquire Applications' and 'Registration'. The main content area is titled 'Application for Registration'. It contains a message: 'Please be informed that your application for registration has been submitted to Allied Health Professions Council on 17/02/2015. Please print / save a copy of this acknowledgement for your reference.' Below this, the application number 'AHPC-20150217-0004-REG.' is displayed and highlighted with a blue box. Further down, there is a note about checking the application status online using the same User ID and password, with an email address 'stg\_admin@ahpc.gov.sg' provided. A link to 'Rate this service' and a 'Print' button are also visible.

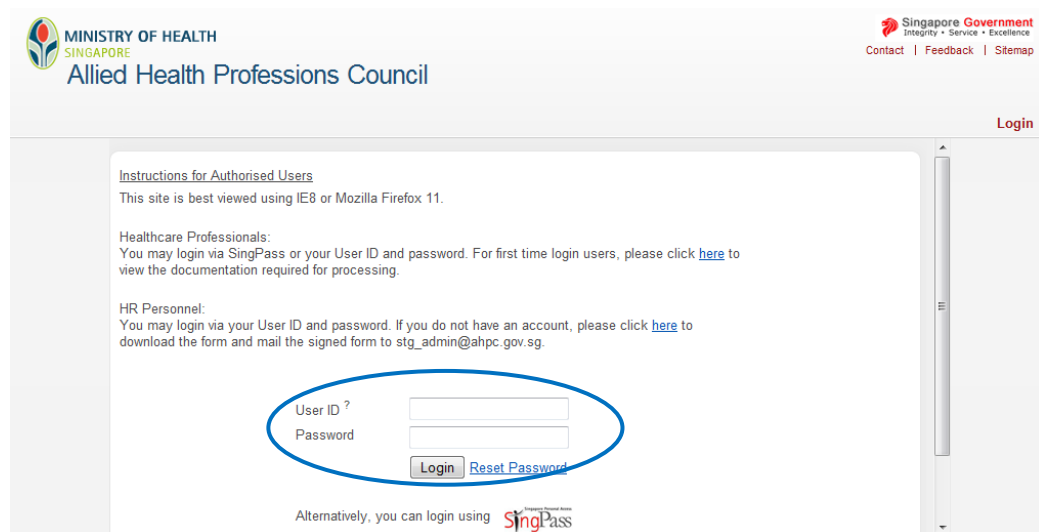
After you have successfully submitted your application for registration, you can begin to track the status of the application. You may check on the application status by logging into the system and retrieving the application.

## 9. SUBMITTING AN APPLICATION FOR EXTENSION OF CONDITIONAL REGISTRATION OR CONVERSION FROM CONDITIONAL TO FULL OR RESTRICTED REGISTRATION FOR REGISTERED THERAPISTS

- 9.1 Conditionally registered allied health professionals may be required to extend the duration of their conditional registration in order to satisfy conditions imposed by the AHPC. Conditionally registered allied health professions who have successfully satisfied the conditions of their registration will also be eligible to convert to full or restricted registration.

Such individuals will receive a letter from the AHPC to notify them to submit another application for registration. **Do not submit an application for extension or conversion through the Professional Registration System (PRS) until you have confirmed that your employee has received this letter.**

To submit an application to extend your employee's conditional registration or for conversion to full or restricted registration, please log into the PRS.



MINISTRY OF HEALTH SINGAPORE  
Allied Health Professions Council

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Login

Instructions for Authorised Users  
This site is best viewed using IE8 or Mozilla Firefox 11.


Healthcare Professionals:  
You may login via SingPass or your User ID and password. For first time login users, please click [here](#) to view the documentation required for processing.

HR Personnel:  
You may login via your User ID and password. If you do not have an account, please click [here](#) to download the form and mail the signed form to stg\_admin@ahpc.gov.sg.

User ID ?  
Password  
Login Reset Password

Alternatively, you can login using SingPass

- 9.2 On the column to the left of the screen, click on “Application” to expand the list of options available to you.



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Welcome [Name] Last successful login: 30/04/2015 05:43:13 PM

Change Password | Logout

Application  
Supervisory

Welcome to PRS

9.3 Please click on the “Registration” tab for submitting a registration application.



MINISTRY OF HEALTH SINGAPORE  
Allied Health Professions Council

Welcome [redacted] (Last successful login: 30/04/2015 05:43:13 PM) [Change Password](#) | [Logout](#)

**Application** [dropdown arrow]

- » Enquire Applications
- » **Registration**
- » No Pay Leave

**Supervisory** [dropdown arrow]

**Welcome to PRS**

9.4 You will be prompted to key in your employee’s “Registration No”.



MINISTRY OF HEALTH SINGAPORE  
Allied Health Professions Council

Welcome [redacted] (Last successful login: 30/04/2015 05:43:13 PM) [Change Password](#) | [Logout](#)

**Application** [dropdown arrow]

- » Enquire Applications
- » **Registration**
- » No Pay Leave

**Supervisory** [dropdown arrow]

**Manual Submission**

*HPE	Allied Health Professions Council
*Application Type	Registration
Registration No	<input type="text"/>

[Proceed](#)

9.5 After you have keyed in your employee’s registration number, click on the “Proceed” button.



MINISTRY OF HEALTH SINGAPORE  
Allied Health Professions Council

Welcome [redacted] (Last successful login: 30/04/2015 05:43:13 PM) [Change Password](#) | [Logout](#)

**Application** [dropdown arrow]

- » Enquire Applications
- » **Registration**
- » No Pay Leave

**Supervisory** [dropdown arrow]

**Manual Submission**

*HPE	Allied Health Professions Council
*Application Type	Registration
Registration No	TEST2(A1500011F)

[Proceed](#)

9.6 You will then see a set of instructions for submission of application for registration.

Please read them carefully and then click on the “Proceed” button at the bottom of the page.

**MINISTRY OF HEALTH SINGAPORE**  
**Allied Health Professions Council**

Welcome [redacted] (Last successful login: 14/05/2015 12:34:14 PM) [Change Password](#) | [Logout](#)

[Application](#) [Personal](#) [Qualifications](#) [Employment](#) [Documents](#) [Declaration](#) [Confirmation](#) [Payment](#) [Acknowledgement](#)

**Instructions For Online Registration Application**

**Important Instructions for registration application**

1. Please read and be familiarized yourself with the eligibility criteria and documentation requirements for the application for registration.
2. The online application for registration may take approximately 20 minutes to complete. Please check that you have all the documents, certificates and NETs / credit card ready at hand before you proceed to file your application.
3. To submit photograph, supporting documents or certificates online, please save them in JPEG (.jpeg) or PDF (.pdf) format and within the prescribed size of not exceeding 1 MB before you upload them with your application.
4. For internet payment, please pay using eNets or credit card options only. Cash payment is not accepted. If your employer is arranging to pay the registration fee on your behalf, please ensure that the payment has been made before you go on to file your application.
5. Fields marked with an asterisk\* in the application must be completed.
6. System timeout occurs after 20 minutes of inactivity. Please click on the "Save" button to save your application if you wish to submit it at a later time. You may retrieve the draft application for completion by clicking on the "Enquire Applications" under "Application". The draft application will be available in the system for 30 days from the creation date.
7. The documents listed below (where applicable) must be submitted to support your application. For any supporting document which is in a language other than English, a certified translation thereof in English, together with the original or certified true copy of the document which is not in English must be provided.
  - i. Documents required to be uploaded online:
    - a. NRIC or Work Pass or passport  
Note: Front and back of the NRIC or Work Pass are required. For passport, the information pages and pages with photograph are required.



## 10. FILLING IN YOUR APPLICATION FORM FOR CONVERSION OR EXTENSION

You will then see the first page of the application form. There are mandatory fields in this form which are marked by an asterisk (\*). Please go through the form carefully and ensure that all these fields are completed correctly. If any of these fields are missed, you will not be able to proceed to the next page of the application.

**IMPORTANT:** If you detect any errors in your employee's particulars, you cannot continue to submit your employee's application for extension or conversion. Your employee will need to update their particulars with the AHPC before you can continue submitting their application for conversion or extension. You may wish to refer your employee to the User Manual for Existing Registrants which is available for download on AHPC's website to guide them through the process.

In addition, you will be logged out of the system if it has been idle for 30 minutes. All your inputs will be lost if you did not save your progress.

You will have the option to save your application as a draft at the end of each page by clicking the button, "Save as Draft". To prevent you from losing your work, you should scroll to the bottom of the page to save your application if you have to step away from your keyboard.

### 10.1 PERSONAL TAB

10.1.1 In the "Personal" page, please select the type of register (i.e. Occupational Therapist, Physiotherapist, Speech-Language Therapist) your employee is registering for.

At the same time, please verify if your employee's personal particulars are accurate. These details would have been provided from their last application for registration.

The screenshot shows the 'Application for Registration' form on the AHPC website. The 'Personal' tab is selected and highlighted with a blue circle. The form includes a sidebar with navigation links: Application, Enquire Applications, Registration, No Pay Leave, and Supervisory. The main content area displays the 'Registration Details' section, which contains two dropdown menus: '\*Type of Register' and 'I am also trained in other profession', both with '--Select Here--' as the current selection. Below this is the 'Particulars Of Applicant' section, which lists various fields and their values: Identification Type (Passport), Identification No. (98765), Salutation (Ms), Full Name as shown in NRIC/FIN/Passport (TEST2), Surname / Family Name (test2), Preferred Order of Name (-), Name in Chinese Character (-), Gender (Female), and Race (Chinese). The top of the page features the Ministry of Health Singapore logo and the Singapore Government logo.

Particulars Of Applicant	
Identification Type	Passport
Identification No.	98765
Salutation	Ms
Full Name as shown in NRIC/FIN/Passport	TEST2
Surname / Family Name	test2
Preferred Order of Name	-
Name in Chinese Character	-
Gender	Female
Race	Chinese

- 10.1.2 Once you have confirmed that all your employee's information on the first page of the application is correct, please click on the "Proceed" button to continue to the next page.

The screenshot displays the user interface of the Allied Health Professions Council registration portal. At the top, the Ministry of Health Singapore logo and the council's name are visible. A user is logged in, with a welcome message and a 'Last successful login' timestamp. The top right corner features the Singapore Government logo and links for 'Contact', 'Feedback', and 'Sitemap'. Below the header, there are links for 'Change Password' and 'Logout'. The main content area is divided into a left sidebar and a main form area. The sidebar contains a 'Supervisory' section with a dropdown menu showing 'Application', 'Enquire Applications', 'Registration', and 'No Pay Leave'. The main form area contains several sections: 'Foreign Address' with fields for Country, Address Line 1-4, and Contact No.; 'Preferred mailing address' and 'Principal Practice Place Address'; 'Information On Spouse' with fields for Full Name, Nationality, and Occupation; and a section for 'If Spouse is working in Singapore' with fields for Company Name, Postal Code, Block/House No., Level - Unit No., Street Name, and Building Name. Below this is a section for 'If Spouse is a registered healthcare professional in Singapore' with fields for Singapore Health Professional Entities, Registration No. / Identification No., and a question about applying for registration in Singapore. At the bottom of the form, there are two buttons: 'Save as Draft' and 'Proceed'. The 'Proceed' button is circled in blue.

MINISTRY OF HEALTH  
SINGAPORE  
Allied Health Professions Council

Welcome [redacted] (Last successful login: 14/05/2015 12:34:14 PM)

Change Password | Logout

Application  
» Enquire Applications  
» Registration  
» No Pay Leave  
Supervisory

**Foreign Address**

Country -  
Address Line 1 -  
Address Line 2 -  
Address Line 3 -  
Address Line 4 -  
Contact No. -

Preferred mailing address Principal Practice Place Address

**Information On Spouse**

Full Name -  
Nationality -  
Occupation -

**If Spouse is working in Singapore**

Company Name -  
Postal Code -  
Block/House No. -  
Level - Unit No. -  
Street Name -  
Building Name -

**If Spouse is a registered healthcare professional in Singapore**

Singapore Health Professional Entities -  
Registration No. / Identification No. -  
If your spouse is not a healthcare professional, does he / she intend to apply for registration in Singapore?  
-

Save as Draft Proceed

## 10.2 QUALIFICATIONS TAB

10.2.1 You are now on the "Qualifications" page of the application form. Similar to the "Personal" tab, please verify if your employee's information is accurate. These details would have been provided from your employee's last application for registration.

At this point, you will also be able to add any postgraduate qualifications, practice experience or licensing details acquired during your employee's period of conditional registration.

The screenshot shows the "Qualifications" tab selected in the application form. The left sidebar contains a menu with options like "Enquire Applications", "Registration", "PC Renewal/Application", "Restoration", "Additional Qualifications", "Issuing of CGS", "Reprint of RC / PC", "Administration", and "Supervisory". The main content area is titled "Application for Registration" and includes a note about mandatory fields. Below this, there is a section for "Qualifications of Applicant" with a table for "Basic Allied Health Qualification Obtained". The table has columns for Country, University / Institution, Qualification Type, Qualification, Abbrev. Of Qualification, Subject Area / Specialty, Programme Type, Course Duration, Start Date, End Date, Year Obtained, and Twinning Programme. The data entered shows a qualification from Nanyang Polytechnic, Diploma in Occupational Therapy, obtained in 2015. Below the table, there is a question about whether the applicant is required to take a licensing examination before practising in the country where they obtained their primary professional qualification.

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Subject Area / Specialty	Programme Type	Course Duration	Start Date	End Date	Year Obtained	Twining Programme
Singapore	Nanyang Polytechnic	Diploma	Diploma in Occupational Therapy	-	-	-	0 months	-	-	2015	No

10.2.2 If you would like to add a postgraduate qualification, click on the "Add Postgraduate Qualification" button to activate a pop up window.

The screenshot shows the "Add Postgraduate Qualification" button highlighted with a red circle. The form is divided into several sections: "Postgraduate / Post-registration Allied Health Qualifications Obtained", "Clinical / Housemanship / Internship Experience of Applicant", "Past Work Practice Experience", and "Registration / Licensing Details (obtained outside Singapore)". Each section has a table with columns for various details and an "Add" button. The "Add Postgraduate Qualification" button is located below the "Postgraduate / Post-registration Allied Health Qualifications Obtained" section.

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Obtained	Action
No Postgraduate / Post-registration Qualification added.								

- 10.2.3 Please fill in the particulars of your employee's postgraduate qualification in this window. As you key in the details of the qualification, the entry will be autopopulated by the system.

If you are unable to locate your employee's University or Qualification, please select the "Others" option. Key in the institution's name and qualification, as it appears on your employee's graduation certificate.

Please do not make use of abbreviations (e.g. type out "University of Queensland" instead of "UQ") and type out the qualification in full (e.g. Master of Science in Physiotherapy instead of MSc Physiotherapy).


Click on the "Save" button once you have keyed in the mandatory information.


### Postgraduate Qualification

*Country	--Select Here--
*University / Institution	--Select Here--
*Qualification Type	--Select Here--
*Qualification	--Select Here--
Abbrev. Of Qualification	
Programme Type	<input type="radio"/> Full-time <input type="radio"/> Part-time
Specialty	--Select Here--
*Year Obtained	

**Save** **Cancel**

- 10.2.4 The pop-up window will close and your inputs will be updated onto the main form. If you have made any errors, please select the relevant University/ Institution hyperlink to activate the pop up and make the necessary changes. If you wish to delete the entry, select the "Delete" action to the right of the table.


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**Supervisory**

Are you required to take a licensing examination before you can practise as an Allied Health professional in the country where you obtained your primary professional qualification? No

If "Yes", please provide details

If licensing examination is required, have you attempted and passed the required examination? -

If "No", please state reasons

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Obtained	Action
Australia	<a href="#">The University of Queensland</a>	Bachelor	Bachelor of Occupational Therapy (Honours)	-	Full-time	-	2015	<a href="#">Delete</a>

[Add Postgraduate Qualification](#)

**Clinical / Housemanship / Internship Experience of Applicant**

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
---------	--------------------------	------------	------------	------------	----------	-------------------------------	--------

No Clinical / Housemanship / Internship Experience of Applicant added.

[Add Clinical Experience](#)

- 10.2. It is not necessary to fill in the section for “Clinical / Housemanship / Internship Experience of Applicant”. Please ignore it and proceed onto “Past Work Practice Experience”.
- 5

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**Application**

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**Supervisory**

Are you required to take a licensing examination before you can practise as an Allied Health professional in the country where you obtained your primary professional qualification? No

If “Yes”, please provide details

-

If licensing examination is required, have you attempted and passed the required examination? -

If “No”, please state reasons

-

**Postgraduate / Post-registration Allied Health Qualifications Obtained**

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Obtained	Action
Australia	<a href="#">The University of Queensland</a>	Bachelor	Bachelor of Occupational Therapy (Honours)	-	Full-time	-	2015	<a href="#">Delete</a>

[Add Postgraduate Qualification](#)

**Clinical / Housemanship / Internship Experience of Applicant**

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							

[Add Clinical Experience](#)

- 10.2. To fill in your employee’s past work practice experience, click on the “Add Practice Experience” button.
- 6

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**Application**

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**Supervisory**

**Postgraduate / Post-registration Allied Health Qualifications Obtained**

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Obtained	Action
No Postgraduate / Post-registration Qualification added.								

[Add Postgraduate Qualification](#)

**Clinical / Housemanship / Internship Experience of Applicant**

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							

[Add Clinical Experience](#)

**Past Work Practice Experience**

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
No Past Work Practice Experience added.									

[Add Practice Experience](#)

**Registration / Licensing Details (obtained outside Singapore)**

Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
No Registration / Licensing Details added.								

[Add Licensing Details](#)

[Save as Draft](#) [Proceed](#)

- 10.2.7 A new window will pop up. Please fill in the particulars of your employee's past work practice experience in this window.

**Please note that if your employee has been working on a part-time basis, it is necessary to declare the number of hours he or she worked per week.**

As your employee's past work experience would mostly likely include employment in Singapore, the details of the organisation may be automatically populated as you key in the information. Please select the most accurate entry, continue to fill up all the mandatory fields and click on the "Save" button when done.

### Past Work Practice Experience

\*Date Joined

\*Date Left

\*Employers Name

\*Country


\*Institution / Organisation


Department

\*Grade / Designation / Appointment

\*Type ☐ Full-time ☐ Part-time

- 10.2.8 The pop-up window will close and your inputs will be updated onto the main form. If you have made any errors, please select the the relevant Institution / Organisation hyperlink to activate the pop up and make the necessary changes. If you wish to delete the entry, select the "Delete" action to the right of the table.


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**Application**

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- Supervisory**

**Postgraduate / Post-registration Allied Health Qualifications Obtained**

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Obtained	Action
No Postgraduate / Post-registration Qualification added.								

**Clinical / Housemanship / Internship Experience of Applicant**

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							

**Past Work Practice Experience**

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
12/04/2013	15/05/2014	Singapore General Hospital Outram Road Singapore 169608	Singapore	<a href="#">SINGAPORE GENERAL HOSPITAL - Outram Road Singapore 169608</a>	-	Occupational Therapist	Part-time	20	<a href="#">Delete</a>

**Registration / Licensing Details (obtained outside Singapore)**

Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
No Registration / Licensing Details added.								

- 10.2.9 If your employee is registered or licensed with overseas professional registration authorities, you will need to provide details of your employee's registration in "Registration / Licensing Details (obtained outside Singapore)".

To begin keying in this information, click on the "Add Licensing Details" button.

The screenshot shows the AHPC portal interface. On the left is a sidebar with navigation links: Application, Enquire Applications, Registration, No Pay Leave, and Supervisory. The main content area has a header with the Ministry of Health Singapore logo and the AHPC name. Below the header, there's a welcome message and a 'Last successful login' timestamp. The main section is titled 'Postgraduate / Post-registration Allied Health Qualifications Obtained' and contains three tables: 'Postgraduate / Post-registration Allied Health Qualifications Obtained', 'Clinical / Housemanship / Internship Experience of Applicant', and 'Past Work Practice Experience'. Each table has a header row with various fields and an 'Action' column. Below each table is a message indicating no data is added and a corresponding 'Add' button. The 'Registration / Licensing Details (obtained outside Singapore)' section is at the bottom, also with a table header and an 'Add Licensing Details' button circled in blue.

- 10.2.10 A new window will pop up. Please fill in the particulars of your employee's registration or licensing details with regulatory bodies outside of Singapore.

When keying in the name of the professional regulatory body, please key in its name in full (e.g. Australia Health Practitioner Regulation Agency instead of AHPRA). Please fill in the mandatory fields and click on the "Save" button once you have keyed in the information.

Please also note that professional associations are not professional regulatory bodies (i.e. Singapore Physiotherapy Association, Occupational Therapy Australia, Speech Pathology Australia).

The screenshot shows a form titled 'Registration / Licensing Details (obtained outside Singapore)'. It contains several input fields: 'Country of Registration' (a dropdown menu), 'Name of Council / Registration Authority' (a text field with a character count '(0/255)'), 'Registration Type/Category' (a text field), 'Registration / Licensing No.' (a text field), 'Date of Registration' (a date picker), 'Current PC No.' (a text field), 'Current PC Start Date' (a date picker), and 'Current PC End Date' (a date picker). At the bottom of the form, there are two buttons: 'Save' and 'Cancel'. The 'Save' button is circled in blue.

- 10.2. The pop-up window will close and your inputs will be updated onto the main form. If you have made any errors, please select the the relevant Name of Council/ Regulatory Authority hyperlink to activate the pop up and make the necessary changes. If you wish to delete the entry, select the “Delete” action to the right of the table.

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**Postgraduate / Post-registration Allied Health Qualifications Obtained**

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Obtained	Action
No Postgraduate / Post-registration Qualification added.								

[Add Postgraduate Qualification](#)

**Clinical / Housemanship / Internship Experience of Applicant**

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							

[Add Clinical Experience](#)

**Past Work Practice Experience**

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
No Past Work Practice Experience added.									

[Add Practice Experience](#)

**Registration / Licensing Details (obtained outside Singapore)**

Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
Australia	<a href="#">Australian Health Practitioner Regulation Agency</a>	General	-	01/02/2014	-	-	-	<a href="#">Delete</a>

[Add Licensing Details](#)

[Save as Draft](#) [Proceed](#)

- 10.2. Once you have completed this page of the application, please click on the “Proceed” button to continue to the next page.

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**Postgraduate / Post-registration Allied Health Qualifications Obtained**

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Obtained	Action
No Postgraduate / Post-registration Qualification added.								

[Add Postgraduate Qualification](#)

**Clinical / Housemanship / Internship Experience of Applicant**

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							

[Add Clinical Experience](#)

**Past Work Practice Experience**

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
No Past Work Practice Experience added.									

[Add Practice Experience](#)

**Registration / Licensing Details (obtained outside Singapore)**

Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
No Registration / Licensing Details added.								

[Add Licensing Details](#)

[Save as Draft](#) [Proceed](#)



## 10.3 EMPLOYMENT TAB

10.3. You are now on the "Employment" page of the application form.

1

This page will indicate your employee's employment details as provided during your employee's initial application for registration.

The screenshot shows the AHPC application form with the 'Employment' tab selected. The 'Current (Singapore) Employment Details' section is highlighted with a blue box. It contains the following information:

Current (Singapore) Employment Details	
Activity Status	Working Full-time in Singapore
Appointment	Occupational Therapist
Name of Institution / Organisation	Khoo Teck Puat Hospital 90 Yishun Central Khoo Teck Puat Hospital Singapore 768828
Nature of Work	Clinical Service
Department / Division	
*Date Joined	25/02/2015
Date Left	

Below this, the 'Proposed (Singapore) Employment Details' section is visible, with dropdown menus for Activity Status, Appointment, and Name of Institution / Organisation.

10.3. If your employee is changing employers, you will need to key in your employee's new "Proposed (Singapore) Employment Details".

2


Please note that the details in your employee's "Principle Place of Practice" may not be changed in this section. You will need to write in to AHPC at [enquiries@ahpc.gov.sg](mailto:enquiries@ahpc.gov.sg) so that we may update the information. Alternatively, your employee may update this information after the approval of their conversion or extension of registration by submitting an update of particulars application. (Please refer them to section 1 of the user manual for existing registered allied health professionals.)

The screenshot shows the 'Proposed (Singapore) Employment Details' section highlighted with a blue box. It contains the following information:

Proposed (Singapore) Employment Details	
Activity Status	--Select Here--
Appointment	--Select Here--
Name of Institution / Organisation	
Nature of Work	--Select Here--
Department / Division	
Date Joined	dd/mm/yyyy
Date Left	dd/mm/yyyy

Below this, the 'Principal Place of Practice' section is visible, with fields for Appointment, Name of Institution / Organisation, and Nature of Work.

- 10.3.3 Once you have verified your employee's employment information or keyed in the details of their new employment, click on the "Proceed" button to continue.

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**Proposed (Singapore) Employment Details**

Date Left: -


Activity Status: --Select Here--


Appointment: --Select Here--

Name of Institution / Organisation:

Nature of Work: --Select Here--

Department / Division:

Date Joined: dd/mm/yyyy 

Date Left: dd/mm/yyyy 

**Principal Place of Practice**

\*Appointment: Physiotherapist

\*Name of Institution / Organisation: Khoo Teck Puat Hospital  
90 Yishun Central  
Khoo Teck Puat Hospital  
Singapore 768828

Nature of Work: Clinical Service

Department / Division:

Date Joined: 22/02/2015

Date Left: -

**Secondary Place of Practice**

Name of Institution / Organisation	Appointment	Nature of Work	Department / Division	Date Joined	Date Left	Action
No Secondary Place of Practice added.						

[Add Secondary Place of Practice](#)

[Save as Draft](#) [Proceed](#)

## 10.4 DOCUMENTS TAB

10.4.1 In the documents section, please prepare the following documents to be uploaded as part your employee's application for registration.

Under "Mandatory Documents" please upload:

- Copy of NRIC (front and back), Work Pass from MOM
- A passport photo of your employee taken against a white background within the last 6 months
- Employment offer (printed on employer letterhead)
- AHPC Form SF2 (Undertaking by Supervisor). This form may be downloaded from AHPC's website at [http://www.healthprofessionals.gov.sg/content/hprof/ahpc/en/topnav/forms\\_downloads.html](http://www.healthprofessionals.gov.sg/content/hprof/ahpc/en/topnav/forms_downloads.html)
- [A copy of the Declaration that has been signed by the employee.](#)

**Singapore citizens and permanent residents should be uploading a copy of their NRIC and not any of the other identification documents.**

If your employee has answered "Yes" to any of the questions under "Declarations" (section 6.5 of this guide), please upload:

- All supporting documentation and full details

**Each file must be in JPEG or PDF format and should not exceed 1 MB.**

You should save these files in your computer at a known location so as to facilitate your uploading. File names should be clear and specific (i.e. "NRIC", "Passport photo", "Employment Offer" and "SF2" instead of "Document 1", "AHPC 1" etc.).

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Instruction Personal Qualifications Employment Documents Declaration Confirmation Payment Acknowledgement

Application  
» Enquire Applications  
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Supervisory

**Application for Registration**

Note:

- File must be in JPEG( .jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB
- For Photograph, the dimensions must be 400 by 514 pixels

**Mandatory Documents**

Document Title	Employment offer from prospective employer
*Upload Document	<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Attach"/>
Document Title	Form SF2 – Undertaking by Supervisor
*Upload Document	<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Attach"/>
Document Title	NRIC or Work Pass or Passport
*Upload Document	<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Attach"/>
Document Title	Passport size photograph against a white background
*Upload Document	<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Attach"/>

## 10.4.2

When uploading the documents, please take note of the description of the document (i.e. NRIC or Work Pass or Passport) and upload the CORRECT item.

To begin, **select the “Browse” button to locate the appropriate file on your computer.** Once found, click on the “Attach” button. You would receive the message that your document has been updated successfully. You may upload multiple documents.

If you have made any mistakes uploading the documents, you may click on the “Replace” or “Delete” hyperlinks and proceed to re-upload the correct ones.

When all the required documents have been uploaded, please click “Proceed” to continue.

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**Supervisory** ▾

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB
- For Photograph, the dimensions must be 400 by 514 pixels

**Mandatory Documents**

Document Title	Employment offer from prospective employer
*Upload Document	<input type="text"/> <a href="#">Browse...</a> <a href="#">Attach</a>
Document Title	Form SF2 – Undertaking by Supervisor
*Upload Document	<input type="text"/> <a href="#">Browse...</a> <a href="#">Attach</a>
Document Title	NRIC or Work Pass or Passport
*Upload Document	<input type="text"/> <a href="#">Browse...</a> <a href="#">Attach</a>
Document Title	Passport size photograph against a white background
*Upload Document	<input type="text"/> <a href="#">Browse...</a> <a href="#">Attach</a>

**Additional Documents**

Document Title	Certificate of Attendance
File	<input type="text"/> <a href="#">Browse...</a> <a href="#">Attach</a>

**Documents Attached**

<a href="#">Form SF2 – Undertaking by Supervisor</a>	<a href="#">Replace</a>	<a href="#">Delete</a>
<a href="#">NRIC or Work Pass or Passport</a>	<a href="#">Replace</a>	<a href="#">Delete</a>
<a href="#">Passport size photograph against a white background</a>	<a href="#">Replace</a>	<a href="#">Delete</a>
<a href="#">Employment offer from prospective employer</a>	<a href="#">Replace</a>	<a href="#">Delete</a>

[Proceed](#)

## 10.5 DECLARATION TAB

10.5. All fields are mandatory in the "Declaration" section. Please answer all questions.

1

**IMPORTANT:** HR personnel who are submitting applications on behalf of their employees must upload a copy of the declaration that has been signed by the employee under the "Documents" tab.

The screenshot shows the 'Allied Health Professions Council' registration portal. The header includes the Ministry of Health Singapore logo and the Singapore Government logo. A user is logged in, with a welcome message and a 'Last successful login' timestamp. The left sidebar contains navigation links: 'Application' (selected), 'Enquire Applications', 'Registration', 'No Pay Leave', and 'Supervisory'. The main content area is titled 'Application for Registration' and contains a 'Declarations by Applicant' section. This section includes a note that all fields are mandatory and a list of five questions regarding the applicant's health, professional conduct, and legal status. Each question has radio button options for 'No' and 'Yes'. Below the questions are two checkboxes for a declaration of truth and acknowledgment of the council's right to withhold registration. At the bottom are 'Save as Draft' and 'Proceed' buttons.

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**Application** ▾

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### Application for Registration

Note: All fields are mandatory.

#### Declarations by Applicant

Please answer all questions. If you have answered "yes" to any of the questions, please provide full details in a separate document and upload supporting documents at the "Documents" tab, where applicable.

- 1 Have you ever suffered or are you suffering from any physical or mental illness which may:  
(a) impair your ability to practise as an allied health practitioner; or  
(b) require conditions and/or restrictions being imposed on your registration?  
☐ No ☐ Yes
- 2 Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?  
☐ No ☐ Yes
- 3 Are you currently or have you ever been the subject of an inquiry or proceedings by a professional body, health authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?  
☐ No ☐ Yes
- 4 Are you currently or have you ever been the subject of an inquiry or an investigation by any professional body, licensing authority, health authority or the police, in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the profession in which you are registered?  
☐ No ☐ Yes
- 5 Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?  
☐ No ☐ Yes

☐ I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

☐ I acknowledge that the Allied Health Professions Council shall have the right to withhold and/or terminate my registration and/or take any other action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Allied Health Professions Council. I also understand and give my consent to the Allied Health Professions Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

[Save as Draft](#) [Proceed](#)

10.5.2

If your employee has answered “Yes” to any of the questions, please provide full details in a separate document and upload them at the “Documents” tab.

You may access the “Documents” tab by clicking on it. Please select the closest match to your uploaded document from the dropdown box.).

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**Application**

- [» Enquire Applications](#)
- [» Registration](#)
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**Supervisory**

**Application for Registration**

Note: All fields are mandatory.

**Declarations by Applicant**

Please answer all questions. If you have answered “yes” to any of the questions, please provide full details in a separate document and upload supporting documents at the “Documents” tab, where applicable.

1 Have you ever suffered or are you suffering from any physical or mental illness which may:  
(a) impair your ability to practise as an allied health practitioner; or  
(b) require conditions and/or restrictions being imposed on your registration?  
☐ No ☒ Yes  
If Yes, please provide full details:  
 (0/500)

2 Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?  
☐ No ☐ Yes

3 Are you currently or have you ever been the subject of an inquiry or proceedings by a professional body, health authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?  
☐ No ☐ Yes

4 Are you currently or have you ever been the subject of an inquiry or an investigation by any professional body, licensing authority, health authority or the police, in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the profession in which you are registered?  
☐ No ☐ Yes

5 Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?  
☐ No ☐ Yes

10.5.3 Once you have filled up all the questions in the “Declaration” tab, click on the “Proceed” button to continue on to the “Confirmation” section.

The screenshot displays the Allied Health Professions Council registration portal. At the top, the Ministry of Health Singapore logo is on the left, and the Singapore Government logo with 'Integrity • Service • Excellence' is on the right. Below the logos, the text 'Allied Health Professions Council' is centered. A welcome message for 'LEOW SHI WEN' is shown, along with a 'Change Password' and 'Logout' link. On the left sidebar, there are tabs for 'Application', 'Enquire Applications', 'Registration', 'No Pay Leave', and 'Supervisory'. The 'Application' tab is active. The main content area is titled 'Declarations by Applicant' and includes a note that all fields are mandatory. It contains five numbered questions with radio button options for 'No' or 'Yes'. The first question asks about physical or mental illness, the second about psychiatric treatment, the third about inquiries or proceedings, the fourth about investigations, and the fifth about convictions. Below the questions are two declaration checkboxes. The 'Proceed' button at the bottom is circled in blue.

MINISTRY OF HEALTH  
SINGAPORE  
Allied Health Professions Council

Singapore Government  
Integrity • Service • Excellence  
Contact | Feedback | Sitemap

Welcome LEOW SHI WEN (Last successful login: 14/05/2015 12:34:14 PM) [Change Password](#) | [Logout](#)

**Application** ▼  
» [Enquire Applications](#)  
» [Registration](#)  
» [No Pay Leave](#)  
**Supervisory** ▶

Note: All fields are mandatory.

**Declarations by Applicant**

Please answer all questions. If you have answered "yes" to any of the questions, please provide full details in a separate document and upload supporting documents at the "Documents" tab, where applicable.

- 1 Have you ever suffered or are you suffering from any physical or mental illness which may:  
(a) impair your ability to practise as an allied health practitioner; or  
(b) require conditions and/or restrictions being imposed on your registration?  
☒ No ☐ Yes
- 2 Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?  
☒ No ☐ Yes
- 3 Are you currently or have you ever been the subject of an inquiry or proceedings by a professional body, health authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?  
☒ No ☐ Yes
- 4 Are you currently or have you ever been the subject of an inquiry or an investigation by any professional body, licensing authority, health authority or the police, in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the profession in which you are registered?  
☒ No ☐ Yes
- 5 Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?  
☒ No ☐ Yes

☒ I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

☒ I acknowledge that the Allied Health Professions Council shall have the right to withhold and/or terminate my registration and/or take any other action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Allied Health Professions Council. I also understand and give my consent to the Allied Health Professions Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

[Save as Draft](#) [Proceed](#)

## 10.6 CONFIRMATION TAB

- 10.6.1 The “Confirmation” section allows you to review what you had previously keyed in your employee’s application for registration. Please check the information carefully to ensure that it is accurate and truthful.

If you wish you make any changes, please click on the relevant tabs at the top of the page to access the page and edit your employee’s information.

The screenshot shows the 'Allied Health Professions Council' website. The user is logged in, and the 'Confirmation' tab is selected in the top navigation bar. The page title is 'Application for Registration'. The 'Registration Details' section shows 'Type of Register' as 'Occupational Therapist' and 'I am also trained in other profession' as '-'. The 'Particulars Of Applicant' section displays personal details: Identification Type (Passport), Identification No. (98765), Salutation (Ms), Full Name as shown in NRIC/FIN/Passport (TEST2), Surname / Family Name (test2), Preferred Order of Name (-), Name in Chinese Character (-), Gender (Female), and Race (Chinese). The left sidebar contains links for 'Application', 'Enquire Applications', 'Registration', 'No Pay Leave', and 'Supervisory'.

- 10.6.2 Once done, click on the “Confirm” button at the bottom of the page to continue.

This screenshot shows the 'Declarations by Applicant' section of the registration page. It includes a list of questions for the applicant to answer, such as 'Have you ever suffered or are you suffering from any physical or mental illness which may: (a) impair your ability to practise as an allied health practitioner; or (b) require conditions and/or restrictions being imposed on your registration?'. Below the questions is a declaration statement: 'I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact. I acknowledge that the Allied Health Professions Council shall have the right to withhold and/or terminate my registration and/or take any other action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Allied Health Professions Council. I also understand and give my consent to the Allied Health Professions Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.' At the bottom of the page, the 'Confirm' button is highlighted with a red circle.



## 10.7 PAYMENT TAB

10.7. Please note that the AHPC only accepts payments by eNETS and credit card. When an Administrator (HR) User submits an application for an applicant, the employing institution will need to make payment on behalf of the employee together with the online application or else the application will be considered incomplete.

Click on "Proceed" to continue. You will be directed to a different site with instructions on how to submit your payment.

Once you have completed the payment process, you will be directed to the "Acknowledgement" tab.

The screenshot shows the AHPC Singapore website interface. The header includes the Ministry of Health Singapore logo and the AHPC name. A navigation bar at the top right contains links for 'Contact', 'Feedback', and 'Sitemap'. Below the header, a user welcome message and login status are displayed. The main content area is titled 'Application for Registration' and features a tabbed interface with 'Payment' selected. A table lists the fee for registration as an allied health professional. At the bottom, there are three buttons: 'Proceed' (circled in red), 'Bill Collect', and 'Additional Button'.

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
(Occupational Therapist) Application for registration as an allied health professional under section 21(1)(b) of the Act	200.00	1	200.00

Please remember to select the <Click to complete this transaction> button after payment to successfully conclude the transaction. Do not close the browser window before an acknowledgement page indicating successful submission is displayed.

## 10.8 ACKNOWLEDGEMENT TAB

10.8. Congratulations! You have successfully submitted your application.

1

The “Acknowledgement” tab provides you with the application number for reference. You may wish to print or save this page.

Please note that the confirmation e-mail will be sent to the e-mail provided in the “Personal” tab. Please make arrangements with your employee to forward you a copy if you require the e-mail confirmation for your organisation’s records.

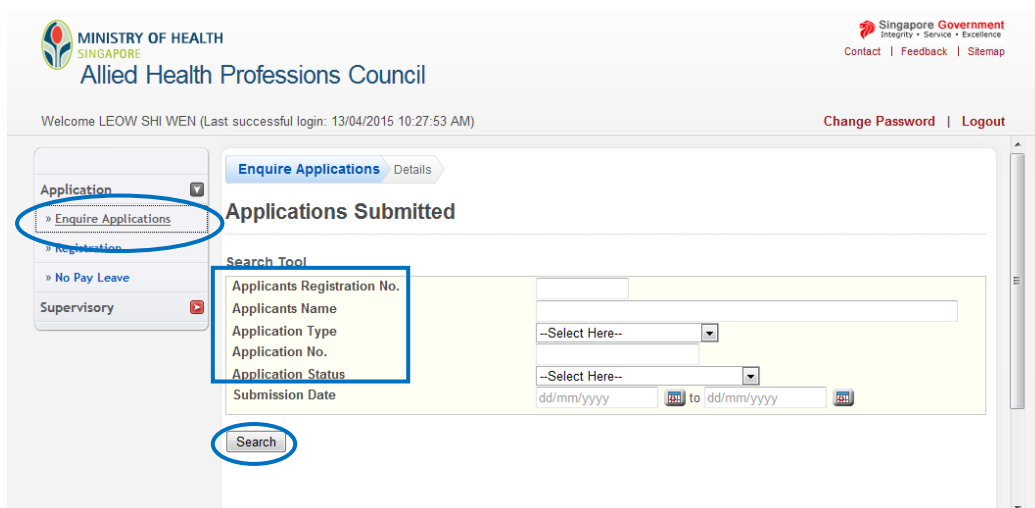


The screenshot shows the AHPC website interface. At the top, there is a header with the Ministry of Health Singapore logo and the AHPC name. A navigation bar contains tabs: Instruction, Personal, Qualifications, Employment, Documents, Declaration, Confirmation, and Payment. The 'Acknowledgement' tab is selected. On the left, a sidebar menu lists 'Application' (with a sub-link 'Enquire Applications'), 'Registration', 'No Pay Leave', and 'Supervisory'. The main content area is titled 'Application for Registration' and contains a message: 'Please be informed that your application for registration has been submitted to Allied Health Professions Council on 14/05/2015. Please print / save a copy of this acknowledgement for your reference.' Below this, the application number 'AHPC-20150514-0005-REG.' is displayed and highlighted with a blue box. Further down, there is a link to 'Rate this service' and a 'Print' button. The footer of the page includes the Singapore Government logo and contact information.

After you have successfully submitted your application for registration, you can begin to track the status of your employee’s application. You may check on your employee’s application status by logging into the system and retrieving your application.

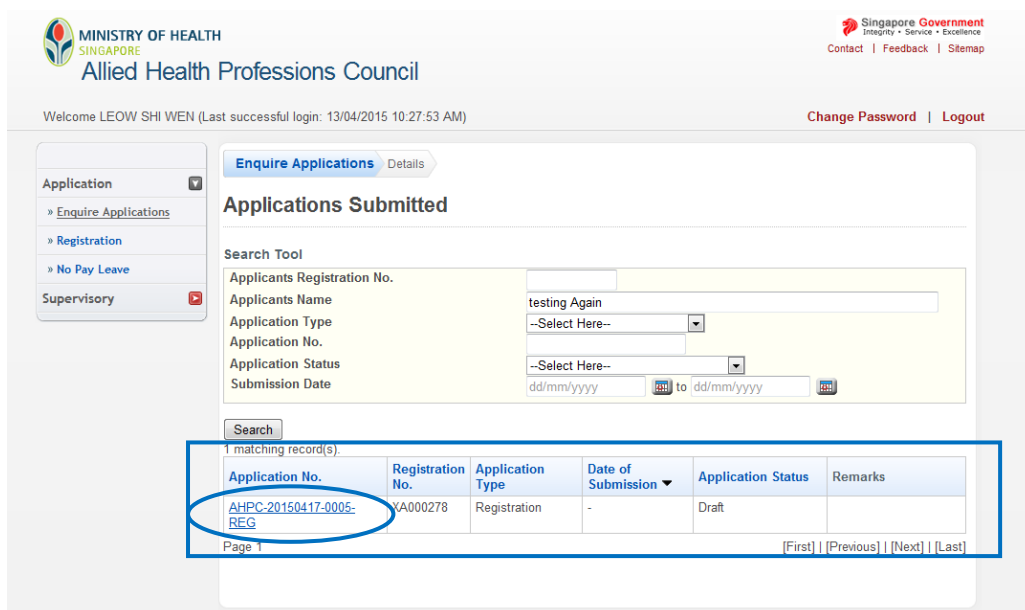
## 11. RETRIEVING YOUR APPLICATION

- 11.1 To retrieve the application, please log into the PRS and click on the “Enquire Applications” option on the left side of the screen. A “Search Tool” will appear. Please key in the details of the application that you wish to view by providing either the “Applicant’s Registration No.” “Applicant’s Name”, “Application Type”, “Application No.”, “Application Status”, or “Submission Date”. After you have keyed in the information, click on the “Search” button at the bottom of the page.



- 11.2 The system will pull out all applications which meet the criteria that you have provided in the “Search Tool.” Please select the application that you wish to retrieve by clicking on its hyperlink.

Please note that administrator (HR) user account holders will be able to see applications that have been submitted by all members of that organisation and that you will not have the option to delete any draft applications. The system will automatically delete incomplete applications after 30 days.



Application No.	Registration No.	Application Type	Date of Submission	Application Status	Remarks
<a href="#">AHP-20150417-0005-REG</a>	YA000278	Registration	-	Draft	

## 12. ENQUIRING ABOUT THE STATUS OF YOUR APPLICATION

You can check the status of the applications after retrieving them via the search tool. The different application statuses include:

### 12.1 Pending processing: AHPC has received the application and is in the midst of processing.

The screenshot shows the 'Enquire Applications' page of the Allied Health Professions Council (AHPC) website. The page header includes the Ministry of Health Singapore logo and the AHPC name. A user is logged in as LEOW SHI WEN. The left sidebar contains navigation links for 'Enquire Applications', 'Registration', 'No Pay Leave', and 'Supervisory'. The main content area is titled 'Applications Submitted' and features a search tool with fields for Applicants Registration No., Applicants Name, Application Type, Application No., Application Status, and Submission Date. A search button is located below the search tool. The search results show 1 matching record(s) in a table with columns: Application No., Registration No., Application Type, Date of Submission, Application Status, and Remarks. The status 'Pending Registration' is circled in blue. The page footer indicates 'Page 1' and provides navigation links: [First] | [Previous] | [Next] | [Last].

MINISTRY OF HEALTH SINGAPORE  
Allied Health Professions Council

Welcome LEOW SHI WEN (Last successful login: 17/04/2015 11:58:20 AM)

Enquire Applications Details

Applications Submitted

Search Tool

Applicants Registration No.

Applicants Name

Application Type

Application No.

Application Status

Submission Date  to

Search

1 matching record(s).

Application No.	Registration No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150421-0004-REG	XA000282	Registration	21/04/2015	Pending Registration	

Page 1 [First] | [Previous] | [Next] | [Last]

## 12.2.1 Pending supporting documents: Additional documents are required in order to continue processing the application.

To find out which documents are pending and to upload these documents to the application, Go to the remarks column, and click “Here”.

MINISTRY OF HEALTH SINGAPORE  
Allied Health Professions Council

Welcome LEOW SHI WEN (Last successful login: 13/04/2015 10:27:53 AM)

Change Password | Logout

Enquire Applications Details

### Applications Submitted

Search Tool

Applicants Registration No.

Applicants Name

Application Type

Application No.

Application Status

Submission Date  to

Search

1 matching record(s).

Application No.	Registration No.	Application Type	Date of Submission	Application Status	Remarks
<a href="#">AHPC-20150417-0004-REG</a>	XA000277	Registration	17/04/2015	Pending Supporting Documents	Kindly click <a href="#">here</a> to attach all the required documents.

Page 1 [First] | [Previous] | [Next] | [Last]

## 12.2.2 Under “Remarks” the AHPC will indicate the necessary documents to be uploaded so that we may continue to process the application. If you did not submit all the necessary documents, the missing ones will be indicated.

Please upload all your missing documents at once if more than 1 document has been requested for. Once done, click on the “Proceed” button.

MINISTRY OF HEALTH SINGAPORE  
Allied Health Professions Council

Welcome [REDACTED] (Last successful login: 17/04/2015 02:25:57 PM)

Change Password | Logout

Enquire Applications Documents Acknowledgement

### Upload Supporting Documents

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Application No.: AHPC-20150429-0003-REG

**REMARKS**

Please submit the following documents/ clarification to the AHPC within 7 working days for the AHPC to continue processing your application: i) Letter of consent from MOM; and ii) Certificate of employment from ABC Pte Ltd.

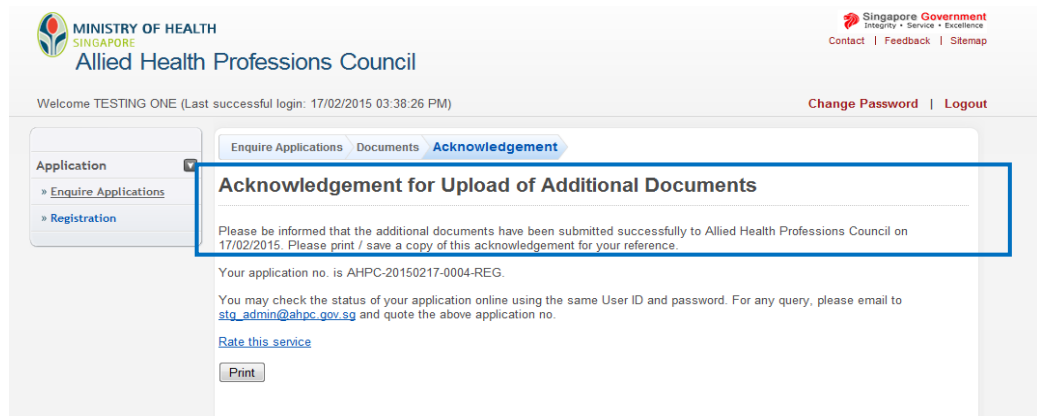
**Additional Documents**

Document Title	File
--Select Here--	<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Attach"/>

Documents Attached

NRIC or Work Pass or Passport		
Passport size photograph against a white background		
Employment offer from prospective employer		
Form SF2 – Undertaking by Supervisor		

- 12.2.3 Successfully uploading the pending documents will result in the notification that your documents have been submitted successfully to the AHPC. An email will also be sent to the email provided in your application (in Personal Tab under “Preferred Email Address”). The status of the application will then be updated to, “Pending processing.”

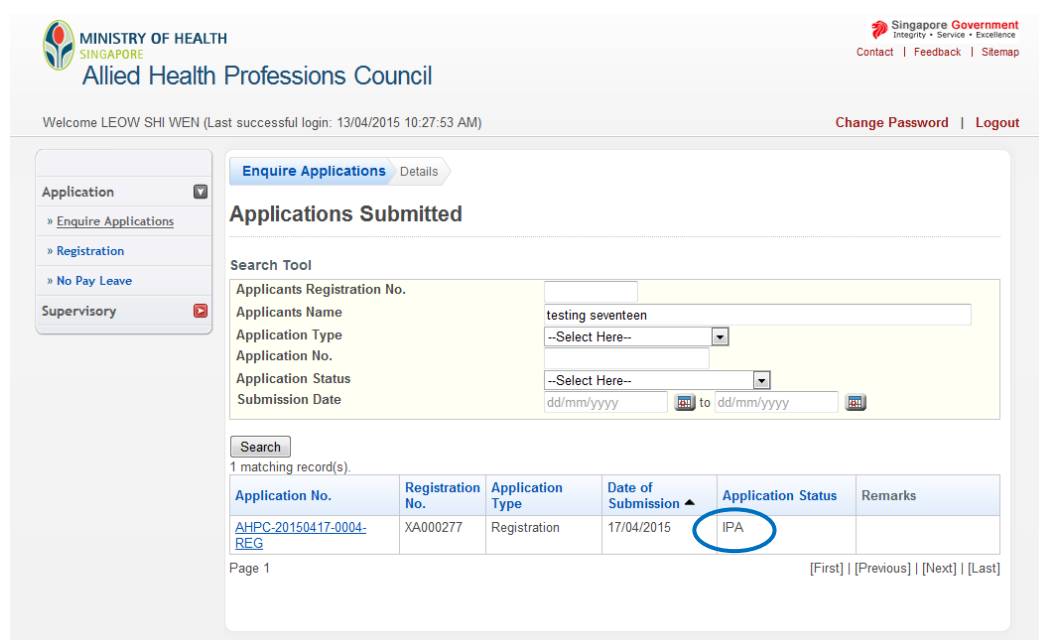


## 13. POSSIBLE REGISTRATION OUTCOMES

### 13.1 IPA: Your employee's application for registration is under in-principle approval (IPA).

Your employee will be issued with an IPA letter and they will need to approach the Ministry of Manpower (MOM) to complete the process of obtaining the relevant work pass before the AHPC can continue to process their application.

Once you have received the approval from MOM, please submit a soft-copy of the document via e-mail to the AHPC so that we may continue to process your employee's registration.



The screenshot shows the 'Allied Health Professions Council' portal. The user is logged in as LEOW SHI WEN. The 'Enquire Applications' section is active, displaying 'Applications Submitted'. A search tool filters for 'testing seventeen' with a registration number of 'XA000277'. The search results table shows one record with the application status 'IPA', which is circled in blue.

Application No.	Registration No.	Application Type	Date of Submission	Application Status	Remarks
<a href="#">AHPC-20150417-0004-REG</a>	XA000277	Registration	17/04/2015	IPA	

### 13.2 Pending Exam: In order to be registered with the AHPC, your applicant will be required to take and pass the relevant Qualifying Examination (QE).

Your employee will be issued with a letter to register for the QE which is administered by higher educational institutions in Singapore. More information on the QE can be found on our website at:

[http://www.healthprofessionals.gov.sg/content/hprof/ahpc/en/leftnav/qualifying\\_examinations11.html](http://www.healthprofessionals.gov.sg/content/hprof/ahpc/en/leftnav/qualifying_examinations11.html)

Once your applicant has received their QE results, they must inform the AHPC and submit a copy of their results. The AHPC will then continue with the review of their application for registration.

The screenshot shows the AHPC portal interface. At the top, there is a header with the Ministry of Health Singapore logo and the text 'Allied Health Professions Council'. Below this, a welcome message for 'LEOW SHI WEN' is displayed. The main content area is titled 'Applications Submitted' and includes a search tool with fields for 'Applicants Registration No.', 'Applicants Name', 'Application Type', 'Application No.', 'Application Status', and 'Submission Date'. A search button is located below the search tool. Below the search tool, a table displays the search results. The table has columns for 'Application No.', 'Registration No.', 'Application Type', 'Date of Submission', 'Application Status', and 'Remarks'. The first row shows a record with 'Application No.' AHPC-20150417-0004-REG, 'Registration No.' XA000277, 'Application Type' Registration, 'Date of Submission' 17/04/2015, and 'Application Status' Pending Exam. The 'Pending Exam' status is circled in blue. The table also includes pagination controls at the bottom right.

Application No.	Registration No.	Application Type	Date of Submission	Application Status	Remarks
<a href="#">AHPC-20150417-0004-REG</a>	XA000277	Registration	17/04/2015	Pending Exam	

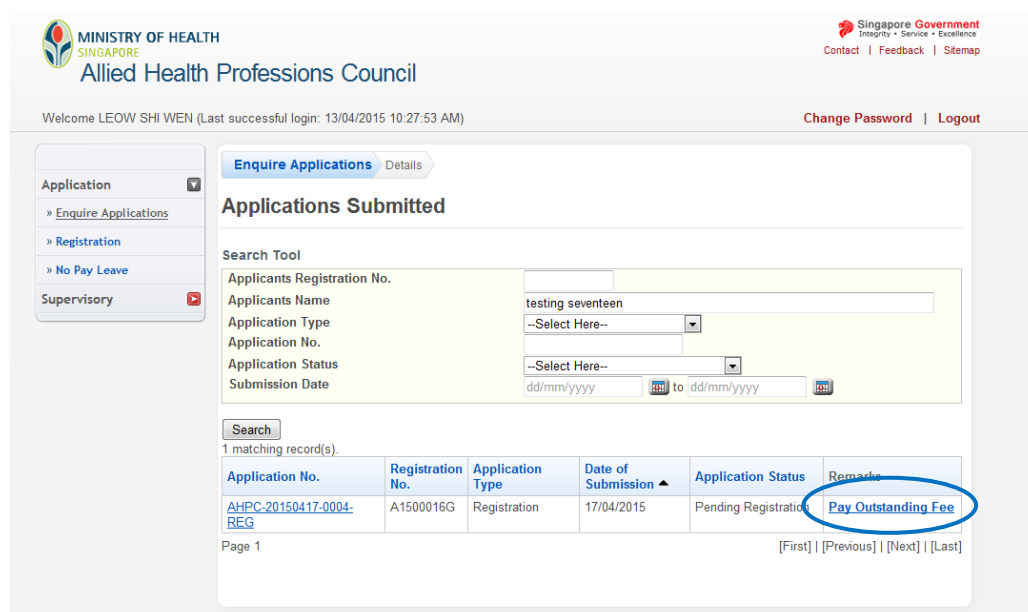
### 13.3 Pending Registration: The AHPC has received all your documents and is in the midst of seeking approval.

Once the approval has been received, the employee will receive an e-mail from the AHPC informing him/ her of the outcome of their registration for application. This email will also include the applicant's new registration ID with the AHPC and an appointment to collect their registration certificate. Please make arrangements with your employee to forward you a copy if you require the e-mail confirmation for your organisation's records.



- 13.3.1 The remarks column will be updated to indicate “Pay Outstanding Fee.” The fees include your employee’s application for a practicing certificate and practicing certificate fee. It is important to note that payment should be made after receiving the outcome email and before the employee comes down to the AHPC to collect their registration certificate.

Please click on “Pay Outstanding Fee” to make your payment via credit card or E-NETS. You will be directed to a different site with instructions on how to submit your payment. You will receive your receipt after 5 working days from the date payment was submitted.



MINISTRY OF HEALTH SINGAPORE  
Allied Health Professions Council

Welcome LEOW SHI WEN (Last successful login: 13/04/2015 10:27:53 AM)

Change Password | Logout

Enquire Applications Details

Applications Submitted

Search Tool

Applicants Registration No.

Applicants Name

Application Type

Application No.

Application Status

Submission Date  to

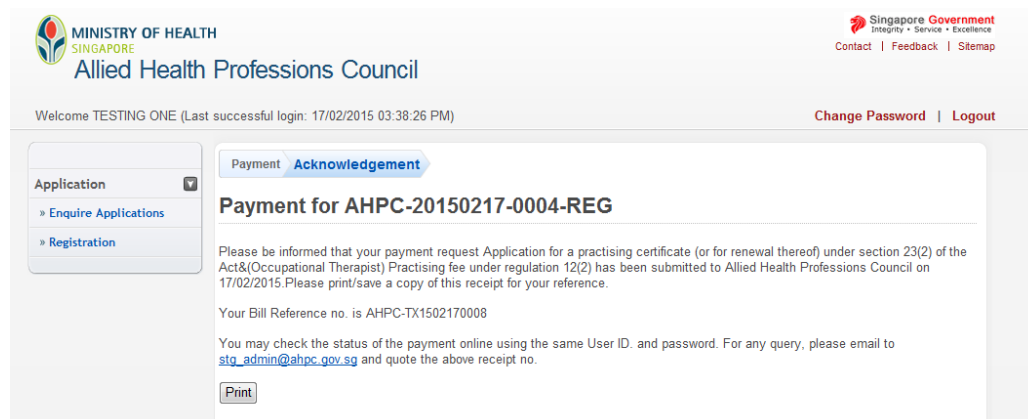
Search

1 matching record(s).

Application No.	Registration No.	Application Type	Date of Submission	Application Status	Remarks
<a href="#">AHPC-20150417-0004-REG</a>	A1500016G	Registration	17/04/2015	Pending Registration	<a href="#">Pay Outstanding Fee</a>

Page 1 [First] | [Previous] | [Next] | [Last]

- 13.3.2 Successful payment will bring you to the confirmation page below. Please save or print a copy of the receipt for your reference. Once payment is completed, please make arrangements for your employee to come down to the AHPC on their appointment date to complete their registration process. Receipt can only be generated 5 days after payment has been made.



MINISTRY OF HEALTH SINGAPORE  
Allied Health Professions Council

Welcome TESTING ONE (Last successful login: 17/02/2015 03:38:26 PM)

Change Password | Logout

Payment Acknowledgement

Payment for AHPC-20150217-0004-REG

Please be informed that your payment request Application for a practising certificate (or for renewal thereof) under section 23(2) of the Act&(Occupational Therapist) Practising fee under regulation 12(2) has been submitted to Allied Health Professions Council on 17/02/2015. Please print/save a copy of this receipt for your reference.

Your Bill Reference no. is AHPC-TX1502170008

You may check the status of the payment online using the same User ID. and password. For any query, please email to [stg\\_admin@ahpc.gov.sg](mailto:stg_admin@ahpc.gov.sg) and quote the above receipt no.

Print

### 13.4 **Approved:** Your employee's application for registration has been approved.

To complete the registration process, the employee will need to come down to our office to collect their registration certificate. They cannot start work until they have collected their registration certificate. The "Approved" status will be reflected after your employee has collected his/her registration certificate and applied for practising certificate.

The practicing certificate will be sent to the employee via registered mail to the preferred mailing address which you had provided.

The screenshot shows the AHPC portal interface. On the left is a sidebar with navigation links: Application, Enquire Applications, Registration, No Pay Leave, and Supervisory. The main content area is titled 'Applications Submitted' and includes a search tool with fields for Applicants Registration No., Applicants Name, Application Type, Application No., Application Status, and Submission Date. Below the search tool is a table with 1 matching record(s). The table has columns: Application No., Registration No., Application Type, Date of Submission, Application Status, and Remarks. The first row shows an application with ID AHPC-20150421-0004-REG, Registration No. A1500017E, Application Type Registration, Date of Submission 21/04/2015, and Application Status Approved. The 'Approved' status is circled in blue.

Application No.	Registration No.	Application Type	Date of Submission	Application Status	Remarks
<a href="#">AHPC-20150421-0004-REG</a>	A1500017E	Registration	21/04/2015	Approved	

### 13.5 **Withdrawn:** Your employee's application for registration has been withdrawn.

Applications for registration may be withdrawn if pending documents have not been submitted by the stipulated deadline. Deadlines for submission would have been indicated in letters of reminder sent to employees.

Please note that once the application has been withdrawn, a new application would need to be submitted and fresh application fees incurred if the employee wishes to be registered with the AHPC. Applications with the "Withdrawn" status are also not eligible for a refund.

The screenshot shows the AHPC portal interface, similar to the previous one. The search tool is filled with 'testing again'. The table below shows 1 matching record(s). The table has columns: Application No., Registration No., Application Type, Date of Submission, Application Status, and Remarks. The first row shows an application with ID AHPC-20150417-0007-REG, Registration No. XA000278, Application Type Registration, Date of Submission 17/04/2015, and Application Status Withdrawn. The 'Withdrawn' status is circled in blue.

Application No.	Registration No.	Application Type	Date of Submission	Application Status	Remarks
<a href="#">AHPC-20150417-0007-REG</a>	XA000278	Registration	17/04/2015	Withdrawn	

### 13.6 Rejected: Your employee's application for registration has been rejected.

Your employee did not meet the criteria for registration and the application has been rejected.

Any person who is refused registration by the AHPC may, within 30 days of the notice given, submit a written appeal to the Minister for Health whose decision shall be final. The appeal should be sent to:

Minister for Health  
Ministry of Health  
16 College Road  
College of Medicine Building  
Singapore 169854

The screenshot shows the AHPC Singapore website interface. The header includes the Ministry of Health logo and the Singapore Government logo. The user is logged in as LEOW SHI WEN. The main content area is titled 'Applications Submitted' and features a search tool with fields for Applicants Registration No., Applicants Name, Application Type, Application No., Application Status, and Submission Date. A search button is present. Below the search tool, a table displays 1 matching record(s). The table has columns for Application No., Registration No., Application Type, Date of Submission, Application Status, and Remarks. The record shows Application No. AHPC-20150417-0010-REG, Registration No. XA000279, Application Type Registration, Date of Submission 17/04/2015, and Application Status Rejected. The word 'Rejected' is circled in blue. The page number 'Page 1' and navigation links are at the bottom.

MINISTRY OF HEALTH  
SINGAPORE  
Allied Health Professions Council

Welcome LEOW SHI WEN (Last successful login: 13/04/2015 10:27:53 AM)

Change Password | Logout

Enquire Applications Details

### Applications Submitted

Search Tool

Applicants Registration No.

Applicants Name

Application Type

Application No.

Application Status

Submission Date  to

Search

1 matching record(s).

Application No.	Registration No.	Application Type	Date of Submission	Application Status	Remarks
<a href="#">AHPC-20150417-0010-REG</a>	XA000279	Registration	17/04/2015	Rejected	

Page 1 [First] | [Previous] | [Next] | [Last]

## 14. FAQs

### 14.1 HOW TO SAVE YOUR APPLICATION

- 14.1.1 You will find a button labelled "Save as Draft" at the bottom of each page of the online application form except in the "Documents", "Confirmation", "Payment", and "Acknowledgement" pages.

**To save your progress, scroll to the bottom of the page and click the "Save as Draft" button.**

Please note that you will be logged out of the system if it has been idle for 30 minutes. All your inputs will be lost if you did not save your progress. To prevent losing your work, please remember to save the application often.

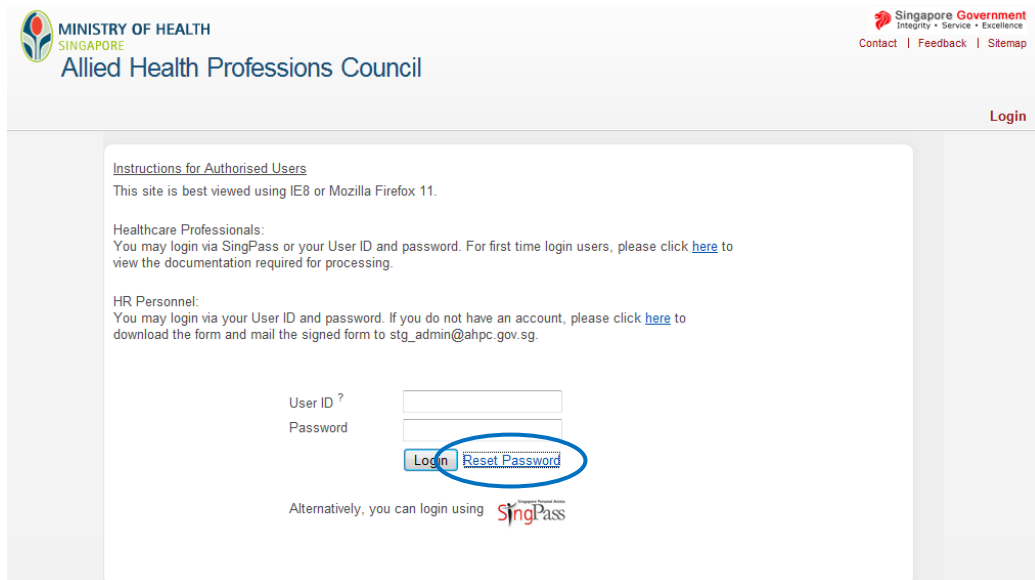
The screenshot shows the 'Allied Health Professions Council' application form. The user is logged in as 'TESTING ONE'. The form includes sections for 'Information On Spouse' and 'If Spouse is working in Singapore'. At the bottom, the 'Save as Draft' button is circled in blue, next to a 'Proceed' button.

- 14.1.2 You will receive the message that your changes have been successfully saved. When you save the application online, the drafts will stay in your "Enquire Applications" records for 30 days. After 30 days, any incomplete applications will be automatically deleted by the system.

The screenshot shows the same application form after saving. A message box at the top of the form area displays the text 'Changes have been successfully saved.' in green, which is circled in blue. The 'Personal' tab is selected in the navigation bar.

## 14.2 WHAT IF I LOSE MY PASSWORD?!

- 14.2.1 Please click on the “Reset Password” link beside the Login button to have your reset password sent to the email you have provided when you applied for the Administrator (HR) account.



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Login

Instructions for Authorised Users  
This site is best viewed using IE8 or Mozilla Firefox 11.

Healthcare Professionals:  
You may login via SingPass or your User ID and password. For first time login users, please click [here](#) to view the documentation required for processing.

HR Personnel:  
You may login via your User ID and password. If you do not have an account, please click [here](#) to download the form and mail the signed form to stg\_admin@ahpc.gov.sg.

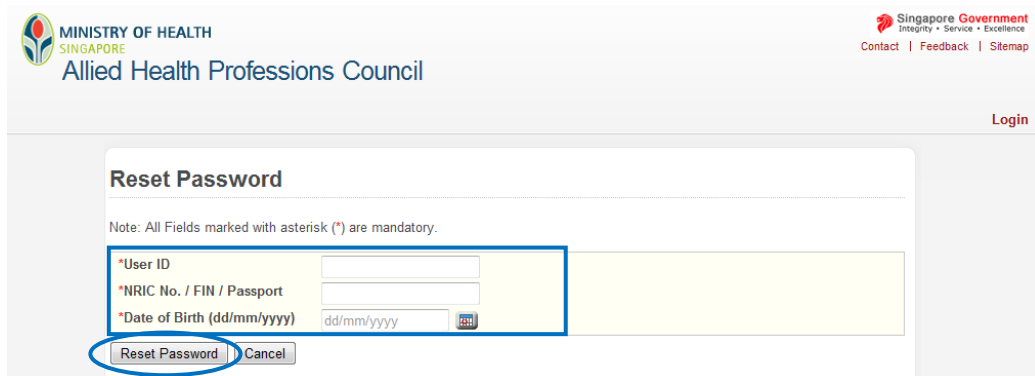
User ID ?  
Password

Login Reset Password

Alternatively, you can login using SingPass

- 14.2.2 You will have to complete 3 fields in order to reset your password. Please have on hand your NRIC number/ FIN number/ Passport number, date of birth and your user ID. Your user ID is your email address

After you have completed the 3 mandatory fields, please click on “Reset Password”.



MINISTRY OF HEALTH SINGAPORE  
Allied Health Professions Council

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Login

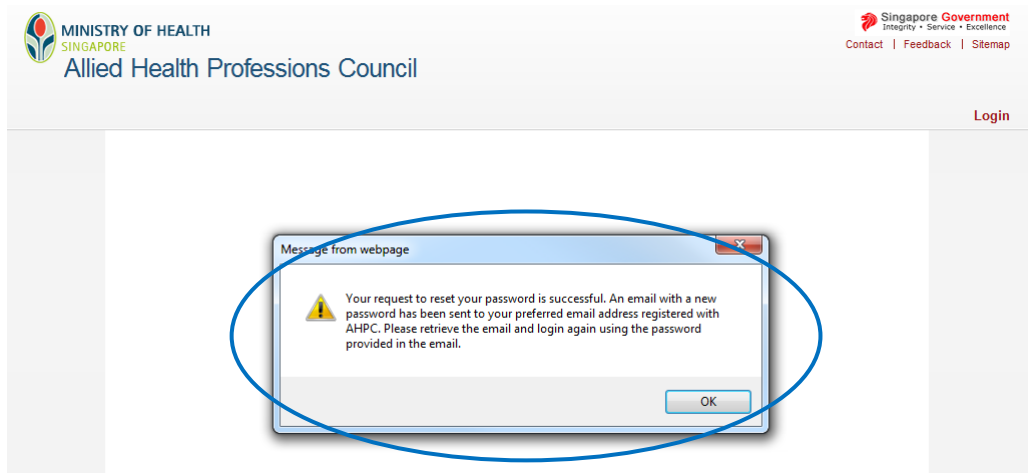
**Reset Password**

Note: All Fields marked with asterisk (\*) are mandatory.

\*User ID  
\*NRIC No. / FIN / Passport  
\*Date of Birth (dd/mm/yyyy)

Reset Password Cancel

- 14.2. A pop-up window will appear to inform you that an email with a new password has  
3 been sent to your preferred email address. Clicking “OK” will bring you back to the Log-in page.



## **14.3 MISCELLANEOUS**

**Q:** Can my applicants start practicing without their practising certificate?

**A:** If your applicants have made payment for their practicing certificates and collected their registration certificates, they may start practicing.

**Q:** How long does it take for the AHPC to process an application for registration?

**A:** The processing time for each application will take minimum 2 weeks, provided the application and all required documents and information are in order as determined by the AHPC.

**Q:** What are the documents that my applicant needs to arrange to be sent to the AHPC directly from source?

**A:** For applicants who have graduated from training programmes outside of Singapore, the applicant will need to arrange for their University or Institute of Higher Learning awarding the qualification to send the following documents to the Council directly

- a) A Letter of Verification<sup>4</sup> of the basic and post graduate qualification
- b) Transcript of examination results are every year of the applicant's education
- c) An original testimonial from the Dean, Registrar or Lecturer of the University or Institute of Higher Learning, attesting to the applicant's good character (required for fresh graduates only).

Applicants who have been registered or licensed in another country within the past 3 years will need to arrange with the regulatory or licensing authority with whom the applicant was registered or licensed, to send a Certificate of Good Standing<sup>5</sup> and details<sup>6</sup> of the registration or licensure.

Applicants will have to make arrangements for these documents to be sent directly to the AHPC at the following address

To: Registrar  
Allied Health Professions Council  
16 College Road, #01-01  
College of Medicine Building  
Singapore 169854

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<sup>4</sup> The Letter of Verification from the University or Institute of Higher Learning must contain the applicant's name, date of entry into the course, date of graduation, degree or title conferred, medium of instruction for the course, and it must be duly endorsed by the Dean, Registrar or an authorised officer of the awarding institution if such information is not already included in the transcript.

<sup>5</sup> The Certificate of Good Standing must reach the Council within 3 months of its date of issue.

<sup>6</sup> Details of registration or licensure must contain the applicant's name, date and type of registration, registration number, information on his/her professional conduct, information on his/her registration suspension or cancellation, and fitness to practice if not already included in the Certificate of Good Standing.

**Q:** My applicant is a NYP graduate. He intends to pursue degree conversion. Does he need to apply for registration now?

**A:** If your applicant intends to work as an occupational therapist or a physiotherapist before going for degree-conversion programme, he must apply for registration and a practising certificate with the AHPC. NYP graduates are granted a 36-month conditional registration period to cater to those who are going for degree conversion programmes and are not able to complete the 12 months of supervised practice continuously.

He must complete a minimum of 5 months of supervised practice satisfactorily prior to leaving for his degree conversion in order for the AHPC to recognise this period of supervised practice as part of the conditions to be met. Otherwise, he will be required to complete the full 12 months of supervised practice upon return from his degree conversion studies.





ALLIED HEALTH PROFESSIONS COUNCIL  
MINISTRY OF HEALTH  
COLLEGE OF MEDICINE BUILDING  
SINGAPORE 169854  
TEL: (+65) 6355 2395  
EMAIL: [ENQUIRIES@AHPC.GOV.SG](mailto:ENQUIRIES@AHPC.GOV.SG)  
[WWW.AHPC.GOV.SG](http://WWW.AHPC.GOV.SG)